Fill in this information to identify your case:	Pg 1 of 72	Ath Sec.
United States Bankruptcy Court for the:		RECEIVED + FILE
Eastern District of Missouri Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	NERK, US SAMARUTECH EASTERN DISTRICT STITUTE MICHOCK If this is an amended filling

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

art 1: Ide	entify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full	name		•
	ame that is on your t-issued picture	Cindy	
identificatio	n (for example,	First name	First name
your driver's	s license or	Denise	
passport).		Middle name	Middle name
Bring your	oicture	Wells	
identificatio with the trus	n to your meeting	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other r		First name	First name
include you maiden nam		Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
	nst 4 digits of		
your Socia	I Security	xxx - xx - 9 7 8 0	xxx - xx
number or	federal	OR	OR
Individual		9 xx - xx	9 xx xx

Pg 2 of 72

Debtor 1

Cindy
First Name

Denise

Wells

Case number (if known)_____

	About Debtor 1:		About Debtor 2 (Spous	e Only in a Joint Case):
Any business names and Employer Identification Numbers	☐ I have not used any business na	ames or EINs.	I have not used any b	ousiness names or EINs.
(EIN) you have used in	River Rise LLC			
the last 8 years	Business name		Business name	
Include trade names and				
doing business as names	Business name		Business name	
	8 2 4 0 4 3 6 5	7		
	EIN		EIN	
			_	
	EIN		EIN	
Where you live	不可以不够好的。	ANTA-ANTARA SANTANTANI NEW YORK BUTU NA SANTANI NA SANTANI NA SANTANI NA SANTANI NA SANTANI NA SANTANI NA SANT	ff Debtor 2 lives at a diff	
	2731 Allen Ave			
	Number Street		Number Street	
	Apt. B			1
	Saint Louis	MO 63104		
	A.:	tate ZIP Code	City	State ZIP Co-
	St. Louis City			
	County		County	
	If your mailing address is different above, fill it in here. Note that the cany notices to you at this mailing add	ourt will send	If Debtor 2's mailing add yours, fill it in here. Note any notices to this mailing	that the court will send
	Number Street		Number Street	
	P.O. Box		P.O. Box	
	City St	ate ZIP Code	City	State ZIP Coo
Why you are choosing	Check one:	richte ein urtrecht von Welte Ständersenheit transpu	Check one:	and the second of the contract of the second
this district to file for bankruptcy	Over the last 180 days before filing I have lived in this district longer the other district.	g this petition, nan in any	Over the last 180 days I have lived in this district.	before filing this petition, ct longer than in any
	I have another reason. Explain. (See 28 U.S.C. § 1408.)		I have another reason. I (See 28 U.S.C. § 1408.)	Explain.)

Debtor 1

Cir First N

ndy D	enise Wells		Case number (# known)
ame	Middle Name	Last Name	Case Hulliber (# known)

	The chapter of the Bankruptcy Code you	Check for Ban	one. (Fo	ack one. (For a brief description of each, see <i>Notice Required by 11 U.S.C. § 342(b) for Individ</i> Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.				
	are choosing to file		Chapter 7					
u	midei		apter 11					
		☐ Chapter 12						
			apter 13					
	enter the following of the property of the	shearanaa.	April 10	ter security and the second				
8. H	low you will pay the fee	you sub	rself, yo mitting y	or more details about how you in may pay with cash, cashier's	may pay. Typica check. or mone	neck with the clerk's office in your illy, if you are paying the fee y order. If your attorney is pay with a credit card or check		
		☑ I ne App	ed to pa	ay the fee in installments. If yo for Individuals to Pay The Filing	ou choose this o	ption, sign and attach the		
		less pay	aw, a ju than 15 the fee	age may, but is not required to, 50% of the official poverty line th	waive your fee, lat applies to you his option, you n	tion only if you are filing for Chapter 7 and may do so only if your income is ur family size and you are unable to nust fill out the Application to Have the with your petition.		
. Ha	ave you filed for ankruptcy within the	☑ No	Port of the state					
las	st 8 years?	Yes.	District	When	MM / DD / YYYY	Case number		
			District	When	MM / DD / YYYY	Case number		
			District	When		Case number		
					MM / DD / YYYY	Odde Humber		
	e any bankruptcy ses pending or being	□ No	TO ARROTTE A RECORD AND A STREET, TO A		Charles of the Control of the Contro	ti 1900 ki i interationis i elektrista suoministi ja niinte aivat in 18 elektrisia ja et vaetavusti etaj.		
. An	ed by a spouse who is							
ca: file		Yes.	Debtor	Lillian Marie Nicole Stricklan	d	Relationship to you business partner		
file no you par	ed by a spouse who is it filing this case with u, or by a business rtner, or by an iliate?	Yes.	Debtor _	Lillian Marie Nicole Stricklan when	MM/DD/YYYY	Relationship to you business partner Case number, if known		
file no you par	of filing this case with u, or by a business rtner, or by an		District	When	MM/DD/YYYY	Case number, if known		
file no you par	of filing this case with u, or by a business rtner, or by an		District	When	MM/DD/YYYY			
ca file no you par affi	of filing this case with u, or by a business rtner, or by an	□ No.	Debtor _ District _	When When e 12.	MM/DD/YYYY	Case number, if known Relationship to you Case number, if known		
file no you par aff	ot filling this case with u, or by a business rtner, or by an illiate?	☐ No. ☑ Yes.	Debtor _ District _ Go to lin Has your	When When	MM/DD/YYYY	Case number, if known Relationship to you Case number, if known		

Debtor	4

Cindy	Denise	Wells
Circl Manne	h 42 -1 -41 - 6.1	

แจ	
Last Name	

Case number (if known)

	Report About Any		sses You Own as a Sole Proprietor
2.	Are you a sole proprietor	No.	D. Go to Part 4.
	of any full- or part-time business?	☐ Yes	s. Name and location of business
;	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or		Name of business, if any Number Street
;	LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.		Number Street
1	ю ина решон.		City State ZIP Code
			Check the appropriate box to describe your business:
			☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
			Mone of the above
a c F	Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 1 U.S.C. § 101(51D).	any of the	t appropriate deadlines. If you indicate that you are a small business debtor, you must attach your exent balance sheet, statement of operations, cash-flow statement, and federal income tax return or these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). I am not filling under Chapter 11. I am filling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
		☐ Yes.	. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
			•
art	4: Report if You Own o	r Have	Any Hazardous Property or Any Property That Needs Immediate Attention
D	o you own or have any	r Have	Any Hazardous Property or Any Property That Needs Immediate Attention
D pi al oi id	o you own or have any roperty that poses or is lleged to pose a threat f imminent and lentifiable hazard to	☑ No	Any Hazardous Property or Any Property That Needs Immediate Attention What is the hazard?
D praid of id propries	o you own or have any roperty that poses or is lleged to pose a threat f imminent and	☑ No	
pi ali oli pi oli pi in Fo pe the	o you own or have any roperty that poses or is leged to pose a threat fimminent and lentifiable hazard to ublic health or safety? If do you own any roperty that needs	☑ No	What is the hazard?

City

ZIP Code

State

Debtor 1

Cindy Denise Wells

Last Name

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1	:
-------	--------	---	---

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing a	about
credit counseling because of:	

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor	1
Debtor	- 1

Cindy	Denise	Wells

Middle Name Last Name

Case number (if known)____

F	Part 6: Answer These Que	estions for Reporting Purp	oses	
10	5. What kind of debts do you have?	16a. Are your debts prim as "incurred by an indivi	narily consumer debts? Consumer de dual primarily for a personal, family, or ho	obts are defined in 11 U.S.C. § 101(8) usehold purpose."
	,	No. Go to line 16b.✓ Yes. Go to line 17.		, ,
		16b. Are your debts prim money for a business or	narily business debts? Business debts investment or through the operation of the	s are debts that you incurred to obtain e business or investment.
		No. Go to line 16c.Yes. Go to line 17.		
		16c. State the type of debts y	rou owe that are not consumer debts or bu	siness debts.
17	. Are you filing under Chapter 7?	☐ No. I am not filing under	Chapter 7. Go to line 18.	TA SANTANIAN SANTANIS MATANIS MATA
	Do you estimate that after any exempt property is	Yes. I am filing under Cha administrative expen	pter 7. Do you estimate that after any exe ses are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?
	excluded and administrative expenses	☑ No		
obrano, nico.	are paid that funds will be available for distribution to unsecured creditors?	☐ Yes		
18.	How many creditors do	2 1-49	1,000-5,000	25,001-50,000
	you estimate that you owe?	50-99	5 ,001-10,000	50,001-100,000
*******************************		100-199 200-999	10,001-25,000	☐ More than 100,000
19.	How much do you	\$0-\$50,000	□ \$1,000,001-\$10 million	□ \$500,000,001-\$1 billion
	estimate your assets to be worth?	\$50,001-\$100,000	☐ \$10,000,001-\$50 million	□ \$1,000,000,001-\$10 billion
	Do Worth:	\$100,001-\$500,000	\$50,000,001-\$100 million	☐ \$10,000,000,001-\$50 billion
2567. 4°S	en helmende herdessen eine Sakstein, unterhalten berostetetete State ein, ihrer die Verweit ist die Liebe	□ \$500,001-\$1 million	\$100,000,001-\$500 million	More than \$50 billion
20.	How much do you estimate your liabilities	\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion
	to be?	\$50,001-\$100,000	\$10,000,001-\$50 million	□ \$1,000,000,001-\$10 billion
		\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million	☐ \$10,000,000,001-\$50 billion
Pa	rt 7: Sign Below	\$300,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion
Fo	r you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and
		If I have chosen to file under C of title 11, United States Code. under Chapter 7.	hapter 7, I am aware that I may proceed, i I understand the relief available under ea	f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed
		If no attorney represents me ar this document, I have obtained	nd I did not pay or agree to pay someone v and read the notice required by 11 U.S.C	who is not an attorney to help me fill out . § 342(b).
		I request relief in accordance w	ith the chapter of title 11, United States C	ode, specified in this petition.
		I understand making a false sta with a bankruptcy case can res 18 U.S.C. §§ 152, 1341, 1519,	u!l III IIIIes up to \$250.000, or imprisonme	money or property by fraud in connection nt for up to 20 years, or both.
		Cindy Denise Wells Signature of Debtor 1	Colors x	of Dobtor 2
		. 0 00	3010 Signature	of Debtor 2
		Executed on WM / DD /	YYYY Executed	on

Debtor 1

Cindy	Denise \	Vells
Cinet Manne	9 42 d.D. A.L.	

Last Name

Case number (# known)_____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	Date	
Signature of Attorney for Debtor		MM / DD /YYYY
Printed name		
Firm name		
Number Street		
City	State	ZIP Code
Contact phone	Email addres	ss

Debtor 1

Cindy Denise Wells

Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

	•
Are you aware that filing for bankruptcy is a serious act consequences? No Yes	on with long-term financial and legal
Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprison No Yes	and that if your bankruptcy forms are ned?
Did you pay or agree to pay someone who is not an atto ✓ No ✓ Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Deci	
By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware that attorney may cause me to lose my rights or property if I	at filing a bankruptcy case without an
Cindy Denise Wells Signature of Debtor 1	Signature of Debtor 2
Date 10 08 2019	Date MM / DD / YYYY
Contact phone <u>(314)</u> 659-0302	Contact phone
Cell phone (314) 659-0302	Cell phone
Email address Cindywells2468@yahoo.com	Email address

Fill in this information to identify your case and thi	s filing:		
Olaska Danias Malla			
Debtor 1 Cindy Denise Wells First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filling) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Eastern District of	Missouri		
Case number		_	_
			Check if this is an
			amended filing
Official Form 106A/B			
Schedule A/B: Propert	у		12/15
In each category, separately list and describe item category where you think it fits best. Be as complete responsible for supplying correct information. If my write your name and case number (if known). Answers 1: Describe Each Residence, Building,	ete and accurate as possible. If two married people ore space is needed, attach a separate sheet to th	e are filing together, bo is form. On the top of a	th are equally
Do you own or have any legal or equitable interes	st in any residence, huilding, land, or similar prop	erty?	
No. Go to Part 2.	at in any residence, building, land, or similar prop-		
Yes. Where is the property?			
	What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions. Put
	Single-family home	the amount of any secure Creditors Who Have Clair	
1.1. Street address, if available, or other description	Duplex or multi-unit building		
	☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land	\$	\$
	☐ Investment property		*
City State ZIP Code	Timeshare	Describe the nature of interest (such as fee	
•	Other	the entireties, or a life	
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only	Check if this is co	mmunity property
	Debtor 1 and Debtor 2 only	(see instructions)	
	At least one of the debtors and another Other information you wish to add about this it	em, such as local	
	property identification number:		
If you own or have more than one, list here:			
	What is the property? Check all that apply.	Do not deduct secured cla	
12	Single-family home	the amount of any secure Creditors Who Have Clair	
1.2. Street address, if available, or other description	Duplex or multi-unit building		
	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land	\$	\$
	Investment property		Ψ
City State ZIP Code	☐ Timeshare	Describe the nature of interest (such as fee	
ony one in our	Other	the entireties, or a life	
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only		_
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
		,	
	Other information you wish to add about this ite	m, such as local	

	Case 19-46496 Doc 1 Filed	Pg 10 of 72		
1.3	Street address, if available, or other description	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home	Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D: ns Secured by Property.
		Land	\$	\$
		☐ Investment property		
	City State ZIP Code	Timeshare	Describe the nature of	
	,	Other	interest (such as fee the entireties, or a life	
		Who has an interest in the property? Check one.		,,
		Debtor 1 only		
	County	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	
		Other information you wish to add about this ite property identification number:		
			· ·	
ou owr	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles	Who has an interest in the property? Check one. Debtor 1 only		ims or exemptions. Put d claims on S <i>chedule D</i> :
Oo you you owr B. Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles. No res	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	and Unexpired Leases. Do not deduct secured clathe amount of any secured.	ims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
Oo you you owr B. Cars	own, lease, or have legal or equitable interes that someone else drives. If you lease a vehicle to, vans, trucks, tractors, sport utility vehicles No Yes Make: Model:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	and Unexpired Leases. Do not deduct secured cla the amount of any securec Creditors Who Have Claim	ims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
Oo you you owr B. Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles. No res Make: Model: Year:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	ims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Oo you you owr B. Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles who was a vehicle so which was a vehicle so w	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	ims or exemptions. Put I claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> Current value of the
Oo you owr	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles who was a vehicle so which was a vehicle so w	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	ims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Oo you owr	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles shows the solution of the	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	ims or exemptions. Put d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$
Oo you own ou own ou own ou own out out own out	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle so, vans, trucks, tractors, sport utility vehicles. No res Make: Model: Year: Approximate mileage: Other information: Jown or have more than one, describe here: Make: Model: Year:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secured clathe amount of any secured Creditors Who Have Claim Current value of the	ims or exemptions. Put d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$

Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: \$_ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No. Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the
Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 0.00 you have attached for Part 2. Write that number here

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Case 19-46496

Doc 1

First Name Middle Name

Last Name

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Part 3	Describe Your Personal and Household Items	
Do yo	u own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Ho	usehold goods and furnishings	
Exa	amples: Major appliances, furniture, linens, china, kitchenware	
	No production of the second of	
2	Yes. Describe kitchen, living room, and bedroom set	\$
7. Ele	ctronics	respect to and profit the forced
	amples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	No y as a sum of the s	on the second Model's
Z	Yes. Describe 2 televisions, desktop computer, printer, cell phone	\$345.00
8. Col	lectibles of value	and and the contract of the co
	amples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
		a company of the second of the
ب	Yes, Describe	\$
0 Eas	ipment for sports and hobbies	s amountained
•	infilient for sports and nobbles amples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	
	and kayaks; carpentry tools; musical instruments	
	No Yes. Describe	
	Tes. Describe	\$
10. Fire		and the second of
	amples: Pistols, rifles, shotguns, ammunition, and related equipment	
	Yes. Describe	\$ 100.00
	Turger	\$100.00
11.Clo		,
Exa	amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
		A CONTRACT
4	Yes. Describe Everyday clothes	\$ 100.00
	REPORTED THE STATE OF THE STATE	
12. Jev	velry	
	amples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
		en e
	Yes. Describe Everyday Costume Jewelry	\$10.00
13. N or	n-farm animals	J
	amples: Dogs, cats, birds, horses	
2		
	Yes. Describe	\$
	TOO DESCRIPTION OF THE PROPERTY OF THE PROPERT	Ψ
14. Any	other personal and household items you did not already list, including any health aids you did not list	
2	No	
	Yes. Give specific	\$
	information	Ψ
15. Add	I the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$ 1455.00

for Part 3. Write that number here

Рa	rt	4

Describe Your Financial Assets

Do you own or have any	y legal or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Examples:</i> Money you	ı have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file y	our petition	
☑ No				
		Cas	sh:	\$
and other s	savings, or other financial accou similar institutions. If you have m	ints; certificates of deposit; shares in credit unions, broultiple accounts with the same institution, list each.	okerage houses,	
No Yes		Institution name:		
	17.1. Checking account:	SMI ONe		\$0.00
	17.2. Checking account:			\$
	17.3. Savings account:			\$
	17.4. Savings account:			\$
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:			\$
	17.7. Other financial account:			\$
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
				Φ
18. Bonds, mutual funds,	or publicly traded stocks			
	, investment accounts with broke	erage firms, money market accounts		
☑ No ☐ Yes	Institution or issuer name:			
	modulation of loader frame.			
				\$
				\$ \$
				Ψ
19. Non-publicly traded s	stock and interests in incorpor	ated and unincorporated businesses, including a	n interest in	
an LLC, partnership,		and the state of t		
□ No	Name of entity:		f ownership:	
Yes. Give specific information about	River Rise LLC	50		\$
them		0%	· · · · · · · · · · · · · · · · · · ·	\$
		0%	%	\$

		cks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them.		
☑ No☑ Yes. Give specific information about	Issuer name:			
them			\$	
			\$	
		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
□ No				
Yes. List each account separately.	Type of account:	Institution name:		
	401(k) or similar plan:	Fidelity	\$	5,086.64
			\$	
	Pension plan:			
	IRA:		\$	
	Retirement account:			
	Keogh:		\$	
	Additional account:		\$	
Your share of all unused	d deposits you have m	hade so that you may continue service or use from a company	\$	
	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone:		\$ \$ \$ \$ \$	
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have m with landlords, prepaid lns Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have m with landlords, prepaid lns Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have m with landlords, prepaid lns Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you have m with landlords, prepaid lins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments I deposits you have m with landlords, prepaid Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	adde so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: Ital unit: Ita	\$\$ \$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you have m with landlords, prepaid lins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	adde so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: Ital unit: Ita	\$\$ \$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments I deposits you have m with landlords, prepaid Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	adde so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: Ital unit: Ita	\$\$ \$\$ \$\$ \$\$	

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ✓ No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No. ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **☑** No Yes. Give specific information about them. 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☑ No Yes. Give specific information about them. Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Z No ☐ Yes. Give specific information...... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else **Ø** No ■ Yes. Give specific information.......

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Main Document

31.	Interests in insurance	policies			
	· · · · · · · · · · · · · · · · · · ·		ce; health savings account (HSA); cr	redit, homeowner's, or renter's insurance	
	☑ No				
	Yes. Name the insur	ance company and list its value	Company name:	Beneficiary:	Surrender or refund value:
	or each poncy a	and hat has value			\$
					\$
					\$
32	Any interest in propert	v that is due vou	from someone who has died		***************************************
<i></i>		of a living trust, ex		policy, or are currently entitled to receive	
	No No	i	tal and or realizable contents of the state of the state of the state of	and the control of th	**** 9
	☐ Yes. Give specific in	formation			\$
		l	e superior in the gain services of the control of the services	entre centre la la managament de lentre des consequentes des montre terre des des la commencia de mes	
33.	Examples: Accidents, en		not you have filed a lawsuit or ma s, insurance claims, or rights to sue	de a demand for payment	
	No		er demokratik kola 2003 a de Sastania kalaksisen en sake kolaksisen sambiliste ett kolaksisen.	and the second of the second o	Tork
	Yes. Describe each	1			\$
	to set off claims		s of every nature, including count		
	No No	r-	on dem de la model de trois de la come la come la come de la la come de trois de trois de trois de la come de d		
	Yes. Describe each	claim			\$
		l		and the second s	SS-51
35.	Any financial assets yo	u did not already	list		
	No	.	in the analysis common about the law extensions of the through an artist of a transfer of the types	tt omerstemst Colline i i sem it som et stade framer en social term over eller med en et med en en en en en en	nee]
	☐ Yes. Give specific int	iormauon			\$
		•	from Part 4, including any entrie	. • .	s 5,086.64
Рa	rt 5: Describe A	nv Business-R	elated Property You Own	or Have an Interest In. List any r	eal estate in Part 1
		,			
		y legal or equitabl	e interest in any business-related	property?	
	No. Go to Part 6.				
	Yes. Go to line 38.				
					Current value of the portion you own?
					Do not deduct secured claims
					or exemptions.
38.	Accounts receivable or	commissions you	ı already earned		
	☐ No	forward the transfer of the forward of the transfer of the forward	and the company of the property of the company of t		100
	Yes. Describe				dr
	la proper		erstant olik olek saad 18 hollestaan (s.2.1 Seksolo), 138 Mehanto 1827 seksolonisalistikaksiksi yaktaan yoo olik	ten in de de la Sontago estadolida de las del astantes de las destados en la composição de la composição de la	P
	Office equipment, furnit Examples: Business-related			; rugs, telephones, desks, chairs, electronic devices	
	No No	computers, sultwale,	modenia, printera, copiera, tax macrimes	, rago, telephones, uests, thans, electronic devices	
	Yes. Describe	takan bi Santan a Jawa ta Karangan na pangan na pa	rfanasi, maga ang ang paggar ng Affal dina gartan dan dan dan na magadan nang ang ang	e eta reure datu en rentalmadaris. Sue ustantat artine su distribit dene autotado neculidos esta autotade investos (s	L
		entre approve the transfer of a community of the communit	en en seu en	and a second of the second of	P

First Name Middle Name

Case 19-46	496 Doc 1		Entered 10/16/19 15 17 of 72	:59:41 Mai	
First Name	Middle Name	Last Name	11 01 72		
40. Machinery, fixtures, e	quipment, supplies	you use in business, ar	nd tools of your trade		
□ No					
Yes. Describe	inferential and the financials of the recommendation are seen the edition	and the second		Problem (1965) of the entropy of the control of the	\$
	tur um vivre visit i litera i tit e da summanare vivida e este esta de	والمرافقين فالمصافحة والأفادي ومسافحه المسافحين والمتادة	esentable in a thorre it is attach, by our wife out the his attach to be moved by which	. As an expert of any and a state of the sta	

☐ Yes. Describe					\$
42 Interpote in neutroreh	ina ar iaint vantura	_			
	aps or joint venture:	s			
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Too. Describe				•	
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	ig lists, or other cor	mpilations			
	include personally	identifiable information	(as defined in 11 U.S.C. § 101(41/	\))?	
	ribe	elikus andrek et sammer — maket etropi ordan eller et til til soot som eller til sterrette soot og dette sterrette stor			
					\$
			titististististista etti olio oli oli oli oli oli oli oli oli o	tive end colonia or transcribe transcribe and section of the secti	acced.
	property you ala no	ot aiready list			
information			· · · · · · · · · · · · · · · · · · ·		\$
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	·	P	······································		\$
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					3
	-	•			\$ 0.00
for Part 5. Write that n	iumper nere			······································	
Part 6: Describe Ar	ny Farm- and Con	amarajal Eiching Bala	ted Branesty Vou Own or He	wo on Interest I	n
				ive an interest i	п.
				 	
	ny legal or equitable	e interest in any farm- o	commercial fishing-related pro	perty?	
43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No No Yes. Describe					
					Do not deduct secured claims
7 Earm animala	•				
	Oultry, farm-raised fic	sh			
Yes	AN DET STATES ESSENCIA NA STATEMENT COMPANY CONTRACTOR ESTATEMENT		tean eta titanten eta	n valen en entre manetern erretere et entre verschaft.	- VASCE
		a en sus remarcias, percepertura a approva regionarios esta estado con seda estado con como	ann a bhailt an chairt ann a chairt ann an air an an an air an	Traveller and record control of the	\$

		Pg 1 8 o	of 72			
First Name Middle Name	Last Name	9	_			
18 Crons-aither growing or harvested						
· -						
Yes. Give specific			ACTION TO A STATE OF THE STATE			
information		and the same of th	and the second s	galago (lago primeje por delegga por colo do palace de l'escale de l'escale de l'escale de l'escale de l'escal	\$,
48. Crops—either growing or harvested No No No No No No No N						
☐ Yes						
8. Crops—either growing or harvested No Yes. Give specific No	· · · · · · · · · · · · · · · · · · ·					
0. Farm and fishing supplies, chemicals, a	nd feed					
						
□ Yes		the court to a section	THE CONTRACTOR OF THE CONTRACTOR	e site in a superficient summer production resources are all and a superficiency of the superficiency and a summer		
	n kanangangan sebagai kanan nabah sebagai kecamatan kecamatan sebagai kecamatan sebagai kecamatan sebagai kecam	and the second second second second	en para esta de la composição de la compos La composição de la compo	per 2000 - Kinner II. vice en l'il reservi e non rempose de la seconda per en la seconda de la seconda de la c	\$	
31. Any farm- and commercial fishing-relate	ed property you did :	not already	list			
	For severel in the contract of	a season and the manages are by	Source Control Section of the Control of Section (Section Control of Section Control of S	ت خواند در این در		
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Emme and another than a second of the second					Ψ	
-	•		. •		\$	0.00
TOTAL OF WITH CHEET HAIRSON THEIR		***************************************	••••••		L	
Part 7: Describe All Property Yo	ou Own or Have	an Intere	st in That	You Did Not List Above		
and the second s						<u> </u>
		list?				
		MARKET MENNEY DE L'ANGEL	ers eta a santa a a santa error santa a tener	and the same according		
•					\$	
information					\$	
					\$	
				_	Γ.	0.00
4. Add the dollar value of all of your entries	s from Part 7. Write t	that number	here		\$	0.00
art 8: List the Totals of Each P	art of this Form	1				
		· · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
5.Part 1: Total real estate, line 2	••••••	•••••			\$	0.00
6. Part 2: Total vehicles, line 5		\$	0.00			
7. Part 3: Total personal and household ite	ms. line 15	\$	1455.00	-		
•	,	\$	5,086.64	-		
	lino AE	¢	0.00	-		
		Ф <u></u>		-		
- ,		\$		-		
1. Part 7: Total other property not listed, lin	ne 54	+\$		<u> </u>		
2. Total personal property. Add lines 56 thro	ugh 61	\$	6541.64	Copy personal property total 👈	+\$	6541.64
		Laurence Laur	enter a company and a second company			
3 Total of all property on Schedule AIR Ad	ld line 55 + line 62.				•	6541.64
53. Any farm- and commercial fishing-related property you did not already list No						

Schedule A/B that lists this property Dortion you own	Fill in this inform	ation to identify your case:			
Check if this is a care thing Fizhme More time Let times			73120111		
Official Form 106C Schedule C: The Property You Claim as Exempt De as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule AR: Property (Official Form 106AB) as your source, list the property that you claim as exempt, in more space is needed, in our and state to this page as many copies of Part 2. Additional Page as necessary. On the op of any additional pages, write your name and case number of known). For each item of property you allam as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health alds, rights to receive certain benefits, and tax-exempt referement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Dent 11 Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal norbankruptcy exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule AB that you claim as exempt, fill in the information below. Brief description: Line from Schedule AB: Brief description: Line from S					
Check if this is a amended filing Official Form 106C Schedule C: The Property You Claim as Exempt Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule AIR. Property (Official Form 106AB) as your source, list the property that you claim as exempt, If more space is needed, if thus and attacts to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt, Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funda—may be unlimited in dollar amount. However, if you claim as exemption of 200% of fair market value as the thing the Property of the amount of any applicable statutory amount. Part I Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 822(b)(3) You are claiming state and federal nonbankruptcy exemptions. She description: She description: Unite from Schedule AIB that lists this property Schedule AIB. She filed description of the property and line on Current value of the profess you claim as exempt. Brief description: Line from Schedule AIB: She filed this complete and televal development of the exemption you claim she tautory limit Brief description: Line from Schedule AIB: She filed this file is a she property of the property of the exemption of the original papticable statutory limit Brief description: Line from Schedule AIB: She filed this					
Official Form 106C Schedule C: The Property You Claim as Exempt 04/19 Be as complete and accurate as possible. If two married people are filing together, toth are equally responsible for supplying correct information. Using the property you listed on Schedule ArB. Property (Official Form 106/48) as your source, ist the property that you claim as exempt, if more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (from work). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so to state a specific dollar amount as exempt, Atternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retriement funds—may be unlimited in dollar amount. However, if you claim as exemption of 100% of fair market value as the statutory amount. Part 11 Identify the Property You Claim as Exempt Schedule ArB that lists this property Identify the Property and line on Current value of the property soul ist on Schedule ArB that you claim as exempt, fill in the information below. Brief description: Line from Schedule ArB: Bild description: Line from Schedule ArB: Sied of Schedule ArB: Sied		uptcy Court for the: Eastern Distric	et of Missouri		Charle if this is as
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule ARS: Property (Official Form 106AR) as your source, its the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retrement funds—may be unlimited in dollar amount. However, if you claim an exemption of 1094 of fair market value date a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. PART 33: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Check only one box for each exemption. Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Firearms \$100.00 1 \$ 100% of fair market value, up to any applicable statutory limit Brief description: Line from Schedule A/B: 10 \$ 100% of					
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule ARS: Property (Official Form 106AR) as your source, its the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retrement funds—may be unlimited in dollar amount. However, if you claim an exemption of 1094 of fair market value date a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. PART 33: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Check only one box for each exemption. Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Firearms \$100.00 1 \$ 100% of fair market value, up to any applicable statutory limit Brief description: Line from Schedule A/B: 10 \$ 100% of					
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you isted on Schedule AR: Property (Official Form 106AB) as your source, list the property that you claim as exempt. If more space is needed, fill out and state to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tux-exempt retrement funds—may be unlimited in dollar amount. However, if you claim an exemption of 109% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1 Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description: Check only one box for each exemption. Schedule A/B: Brief description: Line from Schedule A/B: Firearms should be property of fair market value, up to any applicable statutory limit Brief description: Line from Schedule A/B: Firearms should be property of fair market value, up to any applicable statutory limit Brief description: Line from Schedule A/B: Firearms of the property overled by the exemption within 1,215	Official For	m 106C			
Using the property you listed on Schedule ARE Property (Official Form 106AR) as your source, list the property that you claim as exempt. If more space is needed, fill out and fatanto this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount, as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 109% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) Pour are claiming tederal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that you claim as exempt, fill in the information below. Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: 10.000 \$ 100% of fair market value, up to any applicable statutory limit Brief description: Line from Schedule A/B: 10.000 \$ 1000 \$	Schedul	e C: The Prop	perty You	Claim as Exempt	04/19
specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the proterty being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health disk, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount, and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 13: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Copy the value from Check only one box for each exemption. Check only one box for each exemption. Specific laws that allow exemption Schedule A/B: Brief description: furniture \$900.00	Using the property space is needed, fil	you listed on <i>Schedule A/B: Prop</i> I out and attach to this page as r	perty (Official Form 106/	VB) as your source, list the property that y	you claim as exempt. If more
1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Copy the value from Schedule A/B that lists this property Copy the value from Schedule A/B. Brief description: furniture \$900.00	specific dollar amo of any applicable s retirement funds— limits the exemptic	ount as exempt. Alternatively, statutory limit. Some exemptic -may be unlimited in dollar am on to a particular dollar amour	you may claim the full ons—such as those for nount. However, if you nt and the value of the	fair market value of the property being health aids, rights to receive certain b claim an exemption of 100% of fair ma	g exempted up to the amount enefits, and tax-exempt rket value under a law that
You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from July All Schedule A/B: Brief description: Brief description: Line from July All Schedule A/B: Brief description: Line from July All Schedule A/B: Brief description:		,			
Schedule A/B that lists this property Dortion you own	You are cla	aiming state and federal nonban aiming federal exemptions. 11 L	kruptcy exemptions. 11 J.S.C. § 522(b)(2)	U.S.C. § 522(b)(3)	
Brief description: furniture \$900.00 \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value,				Amount of the exemption you claim	Specific laws that allow exemption
description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?				Check only one box for each exemption.	
Brief description: electronics \$345.00 \$ 100% of fair market value, up to any applicable statutory limit Brief description: Firearms \$100.00 \$ \$ 100% of fair market value, up to any applicable statutory limit Brief description: Firearms \$100.00 \$ \$ 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		furniture	\$900.00		
description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Strict arms structure st		6			
any applicable statutory limit Brief description: Line from Schedule A/B: 10 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		electronics	\$ <u>345.00</u>		
description: Line from Schedule A/B: 10 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		7			
any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Pes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		Firearms	\$ <u>100.00</u>		
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) ✓ No ✓ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		_10			
■ No □ Yes	(Subject to adj V No Yes. Did ye	ustment on 4/01/22 and every 3	years after that for case	s filed on or after the date of adjustment.)

Debtor 1

First Name Middle Name

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Case number (if known)_

Part 2:

Additional Page

Brief descripti on Schedule A	on of the property and line //B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Fidelity	\$ 5086.64		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$\$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$ \$	
Line from Schedule A/B:	Military description		any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$\$	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:	····		any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

	Pg 21 of 72			
Fill in this information to identify your case	e:			
Debtor 1 Cindy Denise Wells				
First Name Middle Na	me Last Name			
Debtor 2 (Spouse, if filing) First Name Middle Na	me Last Name			
United States Bankruptcy Court for the: Eastern D	istrict of Missouri			
	3.0.00			
Case number(If known)			Check i	
			amende	ed filing
Official Form 106D				
Schedule D: Creditors	Who Have Claims Secure	ed by Prop	erty	12/15
information. If more space is needed, copy	f two married people are filing together, both are ed the Additional Page, fill it out, number the entries,	ually responsible fo and attach it to this	or supplying correct form. On the top of	t any
additional pages, write your name and case	e number (if known).			
1. Do any creditors have claims secured by	your property?			
	to the court with your other schedules. You have noth	ng else to report on ti	nis form.	
Yes. Fill in all of the information below.				
Part 1: List All Secured Claims				
Part 1: List All Secured Claims		Column A	Column B	Column C
	ore than one secured claim, list the creditor separately	Amount of claim	Value of collateral	Unsecured
	is a particular claim, list the other creditors in Part 2. Abetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
				-
Fox Grove Management	Describe the property that secures the claim:	*31800.00	\$:	\$
Creditor's Name 2758 Russell Blvd	APARTMENT			
Number Street		_		
	As of the date you file, the claim is: Check all that apply			
St. Louis MO 63104	☐ Contingent ☐ Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☑ Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Judgment lien from a lawsuit			
	Other (including a right to offset)	_		
Check if this claim relates to a community debt				
Date debt was incurred 06/2019	Last 4 digits of account number	oralo, las ol alsourski errorregregent ty	e geometrie kinne de like hannen kink daar daa wwin de	en de la companyación de la company
2.2	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name]		
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
At least one of the debtors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
 Check if this claim relates to a community debt Date debt was incurred 	Last 4 digits of account number	-		
THAT THE PROPERTY COMMON THE WAY A SECURE OF THE PROPERTY WEST CONTROL OF THE PROPERTY OF THE	clumn A on this page. Write that number here:		adalahan ing isabat pangkan ang atawa sa	еления чине иточа

Doc 1 Filed 10/16/19 Entered 10/16/19 15:59:41 Main Document Case 19-46496 Pg 22 of 72

Debtor 1

First Name Middle Name

Last Name

Case number (if known)_

Part 1: Additional Page After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		1	-	
Number Street	-			
	- As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
	Disputed			
	·			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
	Other (including a right to offset)	_		
☐ Check if this claim relates to a	, , , , , , , , , , , , , , , , , , , ,			
community debt				
Date debt was incurred	Last 4 digits of account number			
Specific action of the control of th				
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
	_			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
	☐ Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Bladerna of line Observation Habet and			
_	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt				
,				
Date debt was incurred	Last 4 digits of account number			
hastasteria alemateria alemateria di antigo den habado e alemateria de alemateria de alemateria de alemateria		ga anekton an en were ergant aktivistika	all the contract of the second of the f	nura in patula prancitaren haberer er
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		,		
Number Street	-			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Only Charle In Code	Disputed			
	□ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
At least one of the debiots and another	Other (including a right to offset)			
☐ Check if this claim relates to a		•		
community debt				
Date debt was incurred	Last 4 digits of account number			
			1	
Add the dollar value of your entries	s in Column A on this page. Write that number here:	\$		
		<u> </u>		
If this is the last page of your form,	, add the dollar value totals from all pages.	\$		

Debtor 1

Part 2:

Cindy Denise Wells

e Last Na

List Others to Be Notified for a Debt That You Already Listed

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a y	gency is try ou have mo	ing to collect from you t	for a debt you owe to any of the debts that	someone else, list the you listed in Part 1,	a debt that you already listed in Part 1. For example, if a collection ne creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name			· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number
	Number	Street	· · · · · · · · · · · · · · · · · · ·		_
					_
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			_
					_
					_
	City 1		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
	·				_
					_
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					_
					_
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					_
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name			***************************************	Last 4 digits of account number
	Number	Street			-
					-
	City		State	ZIP Code	•

-	n an unis n	normation to identity your	case:	Pg 24 of 72				
	ebtor 1	Cindy Denise Wells						
יט ן	epror T		liddle Name	Last Name				
	ebtor 2	. =						
(5	pouse, if filing) First Name M	liddle Name	Last Name				
U	nited States	Bankruptcy Court for the: East	ern District of Mis	ssouri			Па	
	ase number		* *					k if this is an nded filing
(11	f known)	······································	· · · · · · · · · · · · · · · · · · ·				amei	idea iiiiig
\bigcirc	fficial I	Form 106E/F						
<u> </u>	IIICIAI I	OIIII TOOE/F						
S	ched	ule E/F: Credi	tors Who	o Have Unseci	ured Clain	าร		12/15
List A/B cred	t the other B: Property ditors with eded, copy	party to any executory co (Official Form 106A/B) and partially secured claims t	ntracts or unex d on Schedule C that are listed in ut, number the e	r creditors with PRIORITY cl pired leases that could resul 6: Executory Contracts and l Schedule D: Creditors Who entries in the boxes on the le r (if known).	t in a claim. Also li: Unexpired Leases (Have Claims Secur	st executory co Official Form 10 ed by Property	ntracts on So 16G). Do not i . If more spac	chedule include any ce is
Pa	rt 1: Li	st All of Your PRIORITY	Unsecured C	laims				
2.	No. Go Yes. List all of each claim nonpriority	i listed, identify what type of amounts. As much as possi	aims. If a credito claim it is. If a cla ible, list the claim	r has more than one priority un im has both priority and nonpr s in alphabetical order accordi 1. If more than one creditor ho	iority amounts, list th ng to the creditor's n	at claim here an ame. If you have	d show both p more than tw	oriority and o priority
	(For an ex	planation of each type of clai	im, see the instru	ctions for this form in the instru	uction booklet.)			
						Total claim	Priority amount	Nonpriority amount
2.1								
	Priority Cree	ditor's Name	La	st 4 digits of account number		\$. \$	_ \$
	,		w	hen was the debt incurred?				
	Number	Street						
		the transfer of the second sec	As	of the date you file, the claim	is: Check all that apply	<i>t</i> .		
	City	State Z	IP Code	Contingent				
	Who incu	urred the debt? Check one.	Ü					
	Debto	•		Disputed				
	Debto		Ту	pe of PRIORITY unsecured	claim:			
		r 1 and Debtor 2 only		Domestic support obligations				
	_	st one of the debtors and another	لبعا	Taxes and certain other debts yo	u owe the government			
	☐ Checi	k if this claim is for a commu	inity debt	Claims for death or personal inju	ry while you were			
		im subject to offset?	П	intoxicated Other. Specify				
	☐ No ☐ Yes							
.2	CONTRACTOR SANCTONS	SECTION PROPERTY METERIA SEE STOOM ALLIES ON AN AMERICAN SECTION OF THE SETTION THEORY OF THE SETTION THE SET		out and the control of the control o				
	Priority Cred	litor's Name		st 4 digits of account number		\$	\$	_ \$
				hen was the debt incurred?				
	Number	Street	As	of the date you file, the claim	is: Check all that apoly	t.		
				Contingent				
	City	State Z		Unliquidated				
	-	rred the debt? Check one.		Disputed				
	Debtor		ner.	no of DDIODITY	oloim.			
	Debtor	2 only		pe of PRIORITY unsecured (Jailli.			
		1 and Debtor 2 only		Domestic support obligations				
	At leas	t one of the debtors and another		,				
	☐ Check	t if this claim is for a commu	inity debt	Claims for death or personal injurintoxicated	y wniie you were			
	☐ No	im subject to offset?		Other. Specify				
	Yes							

r listing any entries on this page, number then	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonprio amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$. \$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	_			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	Disputed			
	Type of PRIORITY unsecured claim:			
Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim.			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
	Other. Specify			
Is the claim subject to offset?				
□ No				
		gge i sprenden dipologieka uselini kruskosok e ve	recover so has conserved to be	timena alakaben
	Last 4 digits of account number	\$	\$	_ \$
Priority Creditor's Name			-	
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
ony State AIT COUR	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	••			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	 Claims for death or personal injury while you were intoxicated 			
☐ Check if this claim is for a community debt	Other. Specify			
Is the claim subject to offset?				
□ No				
☐ Yes September verkrause de Sikwe dek waar hawwel verkraat is de de verkraat hade indekende verkraat en de verkraat	от в могутить могу в водотительный верх могу могутительный познатительный принципальный верх и и и и и и и и и	al ala musela e llesso a deser	nga sagawan melebahan seb	17 47 21 2697 192
Disable Outlined Name	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
aumber sueer	Be of the date were the the electric to the transfer of the tr			
**************************************	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt		Til Colour Prospublikasi Propulsis Mari	tere attribute maneral et	treatre, con cress in a
- Check ii ulis cidili is lui a collimiulility debt	Other. Specify			
ls the claim subject to offset?				
□ No □ Yes				

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Le	LIST AII OF TOUR NONPRIOR	0113	ecuied Class	113		
3.	Do any creditors have nonpriority uns	ecured c	laims against y	you?		
	No. You have nothing to report in this	s part. Su	bmit this form to	the court with your other schedules.		
	Yes					
4.				al order of the creditor who holds each claim. If a creditor has		
	nonpriority unsecured claim, list the cred	itor separ itor bolds	ately for each cl	laim. For each claim listed, identify what type of claim it is. Do not m, list the other creditors in Part 3.If you have more than three nor	list claim: poriority u	s already insecured
	claims fill out the Continuation Page of P		a particulai ciali	m, ast the other deditors are art only you have more than three nor	ipitority c	ii locodi od
					Total c	laim
4.1] Ass Cook Frances			7 0 4 0	roun c	· Cutin
.,	Ace Cash Express Nonpriority Creditor's Name			Last 4 digits of account number 7 6 4 9	\$	782.41
	1231 Greenway Dr. Suite 670			When was the debt incurred? $\frac{02/15/2019}{}$	*	
	Number Street					
	Irving	TX	75038			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
				Contingent		
	Who incurred the debt? Check one.			☑ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Tune of NONDRIORITY unconvent claims		
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
	At least one of the deptors and another			Student loans		
	☐ Check if this claim is for a commun	ity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	☑ No			Other. Specify cash loan		
	☐ Yes					
42		ON MATERIAL SERVICES	rrineers valored elegent 15 Section Students of	Last 4 digits of account number 9 0 3 6	\$	141.07
	Nonpriority Creditor's Name			When was the debt incurred? 03/09/2019	-	
4. L T il C C 4.1	410 Terry Ave. N					
	Number Street					
		WA	98109	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce		
	Check if this claim is for a commun	ity debt		that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	☑ No			Other. Specify book rental		
	Yes					
4.3	Bank of America	i - concentration and the		Last 4 digits of account number 4 7 0 7		0004.00
	Nonpriority Creditor's Name		• • • • • • •	When was the debt incurred? 11/26/2018	\$	2691.66
4. L T iii C C 4.1	PO Box 982238			when was the debt incurred? 1772072010		
	Number Street			_		
	El Paso	TX	79998	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			✓ Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			•		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
				☐ Student loans		
	☐ Check if this claim is for a communi	ity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims		
	₩ No			 Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>Credit card</u> 		
	☐ Yes			offer. Specify Cicuit Catu		

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| Debtor 1 | First Name | Middle Name | Last Name | Pg - 27 of 72 | Case number (if known) | Ca

Part 2:

Last 4 digits of account number 5 7 3 4	10
When was the debt incurred? OT/11/2018 As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Chock of this claim is for a community debt at least one of the debtors and another Check if this claim is for a community debt at least one of the debtors and another Check if this claim is for a community debt at least one of the debtors and another Check if this claim is for a community debt at least one of the debtors and another Check if this claim is for a community debt at least one of the debtors whene Check if this claim is for a community debt at least one of the debtors whene Check if this claim is for a community debt at least	1(
Az 85062 As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt as the claim subject to offset? No yes Check if this claim is for a community debt as the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt as the claim subject to offset? No yes Check if this claim is for a community debt as the claim subject to offset? As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt as of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Check if this claim is for a community debt at least one of the debtors and another Check if this claim is for a community debt at least one of the debtors and another Check if this claim is for a community debt at least one of the debtors and another Check if this claim is for a community debt as the claim subject to offset? No Contingent Unliquidated Disputed Contingent Unliquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Disputed Contingent Unliquidated Dis	1(
Debtor 1 only	1(
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt s the claim subject to offset? No Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt s the claim subject to offset? No Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 1 and Debtor 2 only Debtor 4 debtors and another Type of NONPRIORITY unsecured claim: Debtor 3 spriority claims Debtor 4 digits of account number 1 9 8 5 state Debtor 2 only Debtor 3 spriority Cardifors Name When was the debt incurred? Debtor 4 debtor 2 only Debtor 5 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 6 nonprofit-sharing plans, and other similar debts Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 3 community debt Debtor 4 claim is for a community debt Debtor 5 only Debtor 6 nonprofit-sharing plans, and other similar debts Debtor 9 nonprofit sharing plans, and other similar debts Debtor 9 nonprofit sharing plans, and other similar debts Debtor 9 nonprofit sharing plans, and other si	1(
At least one of the debtors and another Check if this claim is for a community debt Steet Comprostry Creditor's Name Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card Check if this claim is for a community debt Last 4 digits of account number 1 9 8 5 When was the debt incurred? 11/14/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt It be claim subject to offset? No Other. Specify Credit card Other. Specify Indicated Debts to pension or profit-sharing plans, and other similar debts Other. Specify Indicated Other. Specify Indica	10
Check if this claim is for a community debt set the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card Other Spec	10
When was the debt incurred? 11/14/2017	10
When was the debt incurred? 11/14/2017 As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt The claim subject to offset? No When was the debt incurred? 11/14/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bill	
St. Louis MO 63195 State ZIP Code Contingent Unliquidated Unliquidated Unliquidated Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bill	
State ZIP Code Contingent Unliquidated Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt No Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bill	
Indiquidated Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Disputed Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts The claim subject to offset? Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bill	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts The claim subject to offset? No	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bill	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt The claim subject to offset? Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bill	
At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts the claim subject to offset? Other. Specify medical bill	
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bebts to pension or profit-sharing plans, and other similar debts the claim subject to offset? Other. Specify medical bill No	
Í No	
WELFARRING TO COMPANY OF A COLOR SOCIETY AND A COLOR SOCIETY AND A COLOR SOCIETY AND ADDRESS OF A COLOR SOCIETY ADDRESS OF A COLOR SOCIETY AND ADDRESS OF A	
\$	2
apital One Last 4 digits of account number	
O Box 85619 When was the debt incurred? 04/11/2019	
inher Street ICHMOND VA 23285 As of the date you file, the claim is: Check all that apply.	
ty State ZIP Code ☐ Contingent ☐ Unliquidated	
ho incurred the debt? Check one.	
Debtor 1 only	
Debtor 2 only Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only Student loans	
At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card	

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Afte	er listing any entries on this page,	number th	em beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
4.7	Cash Net USA			Last 4 digits of account number 6 7 6 2	_{\$1,559.72}
	Nonpriority Creditor's Name 175 W. Jackson Blvd Suite 1	00		When was the debt incurred? 05/29/2019	
	Number Street Chicago	IL	60604	— As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Debtor 1 and Debtor 2 only		☐ Student loans	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt			Obligations arising out of a separation agreement or divorce that	
				you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No ☐ Yes			Other. Specify_credit card	
8.1	citibank	T THE SHIP STY THE PARTY IN THE SHIP SHIP	escel hino lost con dicissos de dicissiscissiscos de desce	Last 4 digits of account number 5 7 3 4	\$ 1254.3 ⁴
	Nonpriority Creditor's Name			When was the debt incurred? 11/27/2017	
	PO Box 6077 Number Street			- When was the debt incurred?	
	Sioux Falls	SD	57117	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☑ Unliquidated ☐ Disputed	
	Debtor 1 only			Car Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			☐ Student loans	
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a comm	unity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No ☐ Yes			Other. Specify Credit card	
.9			en e	Last 4 digits of account number	\$40.00
	Nonpriority Creditor's Name	1011	· · · · · · · · · · · · · · · · · · ·		
	2315 Dougherty Ferry Rd.			When was the debt incurred?	
	Number Street St. Louis	MO	63122	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			✓ Unliquidated✓ Disputed	
	Debtor 1 only			oppose	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Student loans	
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a comm	unity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No ☐ Yes			Other Specify medical bill	

Part 2:

Digitech Computer Inc Nonpriority Creditor's Name 480 Bedford Rd, Bldg 600, 2n Number Street Chappaqua City Who incurred the debt? Check one.	nd floor NY State	10514 ZIP Code	When was the debt incurred? 09/14/208	\$	898.0
480 Bedford Rd, Bldg 600, 2n Number Street Chappaqua City Who incurred the debt? Check one.	NY		When was the dept incurred:		
Chappaqua City Who incurred the debt? Check one.			As a filter determined by the state of the same of		
Who incurred the debt? Check one.	State	7ID Codo	As of the date you file, the claim is: Check all that apply.		
		ZIF Code	Contingent		
			Unliquidated		
☑ Debtor 1 only			☐ Disputed		
Debtor 2 only			T (NONEDIATIO)		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
→ Debtor 1 and Debtor 2 only At least one of the debtors and anothe	er		Student loans		
☐ Check if this claim is for a commi			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 		
s the claim subject to offset?			Other. Specify_medical bill		
Mo No □ Yes					
Digitech Computer Inc	ikobaka keninga, sunsuman	ner verkritte en mit tillstad sick es sendande meste en en en en en	Last 4 digits of account number 7 6 9 2	organisation and an annual section and an an	234.0
Ionpriority Creditor's Name			_	♣	
180 Bedford Rd, Bldg 600, 2nd	d floor		When was the debt incurred? 12/25/18		
Chappaqua	NY	10514	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
Mho incurred the distance			Unliquidated		
Who incurred the debt? Check one.			☐ Disputed		
Debtor 1 only Debtor 2 only			Time of MONDRIONING		
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another	r		Student loans		
Check if this claim is for a community debt			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
			Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			Other. Specify		
Yes					
orest Park Dental			Last 4 digits of account number 2 7 3 1	\$	40.0
onpriority Creditor's Name			When was the debt incurred? 05/22/2019		
527 Forest Park Ave			- Trion was the dest inculted!		
umber Street t. Louis	МО	63108	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
/ho incurred the debt? Check one.			☑ Unliquidated ☐ Disputed		
Debtor 1 only			→ Disputou		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and another	•		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a commu	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?			Other. Specify medical bill		
No Yes					

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First Name Middle Name Last Name Pg 30 of 72 Case number (if known)

Part 2:

Afte	er listing any entries on this page, n	umber the	m beginning with	4.4, followed by 4.5, and so forth.	To	otal claim
5.3	Fox Grove Management			Last 4 digits of account number	\$	2352.00
	Nonpriority Creditor's Name 2758 Russell Blvd			When was the debt incurred? 06/01/2019		
	Number Street St. Louis	МО	63104	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a commuls the claim subject to offset? ☑ No ☐ Yes	mity debt	Okuli (1906) – Provincija sa koja su poveznica se koja	Debts to pension or profit-sharing plans, and other similar debts Other. Specify RENT	500 h.Jr. 241 n	والمعادلة
5.4	Laboratory Corporation of Ame	erica Hol	dings	Last 4 digits of account number 9 4 4 0	\$	58.66
	Nonpriority Creditor's Name PO Box 2240			When was the debt incurred? 02/03/2017		
	Number Street Burlington	NC	27216	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a commuls the claim subject to offset? ☐ No ☐ Yes	nity debt	nakanna swill III sa massim	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify medical bill	e	an in a second and municipal to the
	Lindenwood University			Last 4 digits of account number	\$	
	Nonpriority Creditor's Name 209 South Kingshighway			When was the debt incurred?		
	Number Street St. Charles	МО	63301	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a commur Is the claim subject to offset? ☑ No ☐ Yes	nity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify_educational loan		

Part	2:

ge, number th	em beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
		Last 4 digits of account number 2 5 8 4	\$300
		When was the debt incurred? 01/05/2015	
MO	63123	As of the date you file, the claim is: Check all that apply.	
State ne.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
		Type of NONPRIORITY unsecured claim:	
nother		Obligations arising out of a separation agreement or divorce that	
ommunity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify credit card	
massamenta () sassam var	ana sa ara da	Last 4 digits of account number <u>6 5 0 6</u>	,492.4
		When was the debt incurred?	
WI	53202	As of the date you file, the claim is: Check all that apply.	
State	ZIP Code	Contingent	
ne.		Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
nother		Student loans Obligations arising out of a separation agreement or divorce that	
mmunity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify cash loan	
an kanang berakan sebelah	and the an an increase we exceed the	Last 4 digits of account number 2 3 5 0	_{\$} _5292.7
NPRTO Mid-West, LLC Nonpriority Creditor's Name 256 W Data Drive		When was the debt incurred? 04/11/2019	
UT	84020	As of the date you file, the claim is: Check all that apply.	
State e.	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
		Type of NONPRIORITY unsecured claim:	
nother		Student loans Obligations arising out of a separation agreement or divorce that	
mmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	MO State ne. Nother will State le. UT State e.	MO 63123 State ZIP Code ne. Nother community debt WI 53202 State ZIP Code ne. UT 84020 State ZIP Code e.	When was the debt incurred? 01/05/2015

Part	2:

\$
s en existe de la revenue.

s <u> </u>

Part 2:

er listing any entries on this p	age, number the	em beginning wit	h 4.4, followed by 4.5, and so forth.	10	tal claim
PNC Bank			Last 4 digits of account number 7 6 9 4	\$	1500.0
Nonpriority Creditor's Name PO Box 747066			When was the debt incurred? 03/2018	-	
Number Street Pittsburgh	PA	15274	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check Debtor 1 only	State one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only At least one of the debtors and	another		Student loansObligations arising out of a separation agreement or divorce that		
Check if this claim is for a community debt			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset? No Yes			☑ Other Specify car loan		
en jako majengangangan mengangan kembanan mengangan di kanalah salah sal	and a substitution of the same that the	- New York Steel Career No. 100	e de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la	lastice etc	ar a a se e V eren
PNC Bank			Last 4 digits of account number 0 0 9 3	\$	547.4
Nonpriority Creditor's Name			When was the debt incurred? 04/2019		
PO Box 8807 Number Street					
Dayton	ОН	45401	As of the date you file, the claim is: Check all that apply.		
City	State	ZiP Code	☐ Contingent ☐ Unliquidated		
Who incurred the debt? Check	one.		Disputed		
Debtor 1 only					
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only At least one of the debtors and	another		Student loansObligations arising out of a separation agreement or divorce that		
☐ Check if this claim is for a community debt			you did not report as priority claims		
Is the claim subject to offset? ✓ No	-		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>overdraft</u>		
Yes		an in the second second second		an lank daga ne	200 C
Powderly Law Firm, LLC Nonpriority Creditor's Name	~		Last 4 digits of account number	\$	200.0
11965 St. Charles Rock	Road, Suite 2	02	When was the debt incurred?		
Number Street St. Louis	МО	63044	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check	one.		☑ Unliquidated ☐ Disputed		
Debtor 1 only			·		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only At least one of the debtors and	another		Student loans		
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
☐ Check if this claim is for a claim subject to offset?	community debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify service fee		
No Pes					

Debtor 1

P	ar	t	2:

W #1100		Last 4 digits of account number		
N #1100				200.0
N #1100			\$	200.0
* # 1 100		When was the debt incurred? 10/2018		
GA	30309	As of the date you file, the claim is: Check all that apply.		
State	ZIP Code	☐ Contingent		
one.				
		Ci Disputed		
		Type of NONPRIORITY unsecured claim:		
		☐ Student loans		
		Obligations arising out of a separation agreement or divorce that		
community debt		Debts to pension or profit-sharing plans, and other similar debts		
		Other. Specify retail line of credit		
er klante i viver i hare un klassiere akter i k	to the extrate some security of the last of the security of th	Local Addition of account number 9 3 4 1		47.:
		<u> </u>	Ъ	71.
		When was the debt incurred? 10/31/2017		
ОН	45274	As of the date you file, the claim is: Check all that apply.		
State	ZIP Code	Contingent		
		☑ Unliquidated		
one.		☐ Disputed		
another		Student loans		
		Obligations arising out of a separation agreement or divorce that		
community debt		Debts to pension or profit-sharing plans, and other similar debts		
		Other Specify medical		
and areas of a second recognition	udan sin da hada ili sili silati. Sinasi d	e de mais summer de promoto de producer a dos asocios, sociales de dispersión de mesos e mesos como come o come	10000 cm.	150.
		Last 4 digits of account number 9 5 5 5	\$	130.
	''			
· · · · · · · · · · · · · · · · · · ·		When was the debt incurred?		
МО	63118	As of the date you file, the claim is: Check all that apply.		
State	ZIP Code	Contingent		
nne		· · · · · · · · · · · · · · · · · · ·		
JIIG.		☐ Disputed		
		Type of NONPRIORITY unsecured claim:		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt				
		you did not report as priority claims		
		Outer, Specify Territoria		
	OH State One. MO State one. another another another another another another	OH 45274 State ZIP Code MO 63118 State ZIP Code one. another another another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify retail line of credit	one. Chiliquidated Disputed

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Pg 35 of 72 Case number (if known).

Case Number (if known).

Debtor 1

er listing any entries on this page, number them beginning wit		em beginning wit	th 4.4, followed by 4.5, and so forth.		Total claim	
Sprint			Last 4 digits of account number 4 2 3 3		_{\$} 1370.04	
Nonpriority Creditor's Name			— When was the debt incurred?			
PO Box 4191 Number Street						
Carol Stream	iL	60197	As of the date you file, the claim is: Check all that apply.			
ty	State	ZIP Code	Contingent			
ha in account the dahta of the			☑ Unliquidated			
ho incurred the debt? Check of	one.		☐ Disputed			
Debtor 1 only Debtor 2 only			Time of NONDRIODITY unacquired plains			
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
At least one of the debtors and a	another		Student loans			
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
Check if this claim is for a c	ommunity dept		Debts to pension or profit-sharing plans, and other similar debts			
s the claim subject to offset?			Other. Specify cell phone service			
No Yes						
	NE DOMENTALIZAN - POZIEWARNIZAN	energi derenga yang terbesi (Propinsi (Sebesia Ar	Last 4 digits of account number 9 3 3 7	uzec e	100.0	
St. Ann Municipal Court Ionpriority Creditor's Name			<u></u>	Φ		
0405 St. Charles Rock F	₹d	· <u></u>	When was the debt incurred? 09/09/2018			
St. Ann	MO	63074	As of the date you file, the claim is: Check all that apply.			
ly	State	ZIP Code	Contingent			
			☑ Unliquidated			
ho incurred the debt? Check o	one.		☐ Disputed			
Debtor 1 only						
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
At least one of the debtors and a	another		Student loans			
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
Check if this claim is for a co	ommunity debt		Debts to pension or profit-sharing plans, and other similar debts			
the claim subject to offset?			Other. Specify_traffic ticket			
No Yes						
where the state of the state o	Description of the second second of	тайнат үним үүлүмдү жайааса	Last 4 digits of account number 9 3 3 6	\$	100.0	
6t. Ann Municipal Court onpriority Creditor's Name			-			
10405 St. Charles Rock R	Rd		When was the debt incurred? 09/09/2018			
St. Ann	MO	63074	As of the date you file, the claim is: Check all that apply.			
ity	State	ZIP Code	Contingent			
Who incremed the debts of the			Unliquidated			
Who incurred the debt? Check of	ne.		☐ Disputed			
Debtor 1 only Debtor 2 only			Type of MONDDIODITY uppergrand claims			
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
■ Debtor 1 and Debtor 2 only ■ At least one of the debtors and a	nother		Student loans			
_			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
☐ Check if this claim is for a community debt			Debts to pension or profit-sharing plans, and other similar debts			
the claim subject to offset?			Other Specify traffic ticket			
No						
Yes						

Debtor 1

Middle Name

Last Name

Part 2:	Your NONPRIORITY	Unsecured Claims -	- Continuation Page

er listing any entries on this p	age, number th	em beginning wit	th 4.4, followed by 4.5, and so forth.	Total cla	
St. Louis Dermatology			Last 4 digits of account number	s 40	
Nonpriority Creditor's Name 888 Ladue Rd Suite 210			When was the debt incurred?	Ψ	
Number Street St. Louis	MO	63124	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	□ Contingent		
Who incurred the debt? Check	one.		Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Student loans		
☐ Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Is the claim subject to offset?	oommanity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify medical		
₩ No			Grief, Specify Medical		
Yes					
Commodiane	ez envene egittelek et et lestekel	en en a la como ser e de la como.	Last 4 digits of account number 6 7 5 6	s 1800	
Synchrony Nonpriority Creditor's Name			10/2016	\$	
PO Box 960061			When was the debt incurred? 12/2016		
Number Street Orlando	FL	32896	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed		
☑ Debtor 1 only			Li Disputed		
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and	another		Student loans		
☐ Check if this claim is for a community debt			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify furniture line of credit		
☑ No ☐ Yes			Culei. Specify		
onerio estatuta il un estat i est e trava si est a trava i estatular.	ALA LAL LINETA COLUMN	to the control of the second of the control of the	The state of the series of the second of the second of the second of the second second second second second of the second second of the second	200	
Traffic Law Center			Last 4 digits of account number	Ψ	
Nonpriority Creditor's Name 1610 Des Peres Rd., Sui	te 330		When was the debt incurred?		
Number Street St. Louis	МО	63131	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check of	one.		☑ Unliquidated ☐ Disputed		
Debtor 1 only			,		
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and	another		Student loansObligations arising out of a separation agreement or divorce that		
☐ Check if this claim is for a c	ommunity debt		you did not report as priority claims		
Is the claim subject to offset?	-		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Service fee		
☑ No					

Debtor 1

Рa	rt	2

Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, numbe	r triem beginning wit	n 4.4, ionowed by 4.5, and so form.	Total cla
University of Missouri Saint Louis		Last 4 digits of account number 5 3 6 4	_{\$} 2023
Nonpriority Creditor's Name One University Blvd		When was the debt incurred? 02/2019	
Number Street St. Louis MC	0 63121	As of the date you file, the claim is: Check all that apply.	
City State	ZIP Code	Contingent	
Who incurred the debt? Check one.		☑ Unliquidated ☐ Disputed	
Debtor 1 only		us Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
_	l-ht	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a community of	iept	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? ☑ No		Other. Specify educational loan	
☐ Yes			
US Bank	to the local term of the constraint and the state of the second term o	Last 4 digits of account number 5 2 2 0	s 205
Nonpriority Creditor's Name	 		*
PO Box 1800		When was the debt incurred? UZ/ZU10	
Number Street Saint Paul MN	N 55101	As of the date you file, the claim is: Check all that apply.	
City State		Contingent	
Miles in course of the disht? Ob all and		Unliquidated	
Who incurred the debt? Check one. Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community of	lebt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		Other. Specify transaction overdraft	
₫ No		, , , , , , , , , , , , , , , , , , , ,	
Yes	. The second second second second second second		a estat a set transper
Washington University Physicians		Last 4 digits of account number 4 7 6 6	\$57
Nonpriority Creditor's Name PO Box 505462		When was the debt incurred? 01/25/2019	
Number Street St. Louis MC	63150	As of the date you file, the claim is: Check all that apply.	
City State		Contingent	
		Unliquidated	
Who incurred the debt? Check one.		☐ Disputed	
Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community of	ebt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other, Specify medical	
Mo No □ Yes			

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Debtor 1	Ciliuy Dei	1130	٧.	46
	First Name	Mid	dle	Na

listing any entries on this page, num	ber the	m beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
Washington University Physiciar	าร	······································	Last 4 digits of account number 9 5 5 9	\$ 53.34
Nonpriority Creditor's Name PO Box 502432			When was the debt incurred? 01/09/2018	
Number Street St. Louis	MO	63150	As of the date you file, the claim is: Check all that apply.	
	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another☐ Check if this claim is for a communi	Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt		Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset? ☑ No ☑ Yes			Other. Specify medical	
Washington University Physiciar	าร	. Se virtueri arvertuarite eta rakan derra ese	Last 4 digits of account number 7 5 8 8	\$ 223.33
Nonpriority Creditor's Name PO Box 502432			When was the debt incurred? 223.33	
Number Street St. Louis	MO	63150	As of the date you file, the claim is: Check all that apply.	
	State	ZIP Code	Contingent	
Who incurred the debt? Check one.			☑ Unliquidated ☐ Disputed	
Debtor 1 only			·	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	ty debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? ☑ No ☑ Yes			Other. Specify medical	
Nashington University Physiciar	าร	e erost som skote og skote som en endemni	Last 4 digits of account number 2 3 4 5	\$53.34
Nonpriority Creditor's Name			When was the debt incurred? 10/24/2017	
PO Box 502432 Number Street			As of the date you file, the claim is: Check all that apply.	
	MO	63150 ZIP Code	— Contingent	
	nano	ZH OUG	Unliquidated	
Who incurred the debt? Check one.			☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and another		÷	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a communit	ty debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?			Other. Specify medical	

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Debtor 1

After listing any entries o	n this page, number the	m beginning witl	n 4.4, followed by 4.5, and so forth.	Tota	al claim
Washington Unive	ersity of Medicine		Last 4 digits of account number 4 8 7 3	\$	49.12
Nonpriority Creditor's Name 660 S. Euclid Ave			When was the debt incurred? 04/2019		
Number Street Saint Louis	MO	63110	As of the date you file, the claim is: Check all that apply.		
Who incurred the debter Debtor 2 only Debtor 1 and Debtor 2 Debtor 1 and Debtor 3 At least one of the de	2 only	ZIP Code	 ☐ Contingent ☑ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 		
Check if this claim is the claim subject to in No in Yes	is for a community debt offset?		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bill		
West Creek Finan Nonpriority Creditor's Name	cial	ngan musika 22 manggalan sebensi seben	Last 4 digits of account number 2 4 3 1 When was the debt incurred? 06/13/2019	\$	583.98
PO Box 5518 Number Street			As of the date you file, the claim is: Check all that apply.		
Glen Allen	VA State	23058 ZIP Code	Contingent		
Who incurred the debt Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the de Check if this claim Is the claim subject to No Yes	2 only btors and another is for a community debt		 ☑ Unliquidated ☑ Disputed Type of NONPRIORITY unsecured claim: ☑ Student loans ☑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☑ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify furniture line of credit 		
3.2		Section of the sectio	Last 4 digits of account number 7 3 5 1	\$	67.50
Our Urgent Care I Nonpriority Creditor's Name	-LU				
PO Box 874248			When was the debt incurred?		
Number Street Kansas City	MO	64187	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debind Debtor 1 only Debtor 2 only	t? Check one.		✓ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor At least one of the de	btors and another		 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
☐ Check if this claim Is the claim subject to ☑ No	is for a community debt offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bill		

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Debtor 1

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Walden University			Last 4 digits of account number 1 9 1 4		
onpriority Creditor's Name 065 Samuel Morse Dri	ive		When was the debt incurred? 9/5/2017		
mber Street	MD	21046	As of the date you file, the claim is: Check all that apply.		
v	State	ZIP Code	Contingent		
y .	outo	211 0000	Unliquidated		
ho incurred the debt? Chec	k one.		Disputed		
Debtor 1 only			■ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only					
At least one of the debtors an	d another		Student loans		
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?	?		Other. Specify educational loan		
No			Curo. Opcony		
Yes					
and also realized to subset ordination additional securities (securities).	Lijas kolkanis - politik i vestaat ili krik akkistik i taa	-unic personal statements of a	иментина и примения и применя на применя на применя на применения и применения и применения в применения в при В применения в приме	na terminan wix	
			Last 4 digits of account number	\$	
npriority Creditor's Name			When was the debt incurred?		
mber Street			As of the date you file, the claim is: Check all that apply.		
y	State	ZIP Code	Contingent		
			Unliquidated		
ho incurred the debt? Chec	k one.		Disputed		
Debtor 1 only			was Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only					
At least one of the debtors an	d another		Student loans		
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?	•		Other. Specify		
No			Caron Opcony		
Yes					
am ambalan kasalan kasalan sa man aman ambalan ambalan sa a		e record tell, de recordence (services ordinare)	Last 4 digits of account number	\$	
npriority Creditor's Name			_		
mber Street			When was the debt incurred?		
	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
į	State	ZIP Code	Contingent		
no incurred the debt? Check	k one.		Unliquidated		
			☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 2 only Debtor 1 and Debtor 2 only			<u>-</u> "		
At least one of the debtors and	d another		Student loans		
At least one of the deptors an	u anomei		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt		you did not report as priority claims		
the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts		
me oranii analeer to ougett			Other. Specify		

Debtor 1

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Main Document

Part 3:

List Others to Be Notified About a Debt That You Already Listed

Caci			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			77 (Object and Death Condition with Priority Unaccured Claims
PO Box 790379		,	Line 7.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☑ Part 2: Creditors with Nonpriority Unsecured Clain
St. Louis	MO	63179	Last 4 digits of account number 9 5 5 9
City	State	ZIP Code	
Caci			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
PO Box 790379			Line 7.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Jumber Street			■ Part 2: Creditors with Nonpriority Unsecured Claims
St. Louis	MO State	63179 ZIP Code	Last 4 digits of account number 7 5 8 8
Caci		A STANTON PROPERTY OF THE PARTY	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 790379			Line 7.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
- "			Claims
St. Louis	MO	63179	Last 4 digits of account number 2 3 4 5
City	State	ZIP Code	Last 7 digits of account number
IC System			On which entry in Part 1 or Part 2 did you list the original creditor?
lame			Line 6.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PO Box 64378			
duilber Sueet			☐ Part 2: Creditors with Nonpriority Unsecured Claims
St. Paul	MN	55164	Last 4 digits of account number 4 2 3 3
City	State	ZIP Code	
American Coradius Int	ernational LL	.c	On which entry in Part 1 or Part 2 did you list the original creditor?
2420 Sweet Home Rd	Ste 150		Line 6.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Amherst	NY	14228	Last 4 digits of account number 2 3 8 3
City	State	ZIP Code	
American Recovery Se	ervice Incorp	orated	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 555 St. Charles Drive	Suita 100		Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Juile 100		Part 2: Creditors with Nonpriority Unsecured
			Claims
Thousand Oaks	CA State	91360 ZIP Code	Last 4 digits of account number 4 7 0 7
National Enterprise Sy	errer - member andre electrics		
Name	3(5)113		On which entry in Part 1 or Part 2 did you list the original creditor?
2479 Edison Blvd. Unit	: A		Line 7.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Twi087nsburg	ОН		Last 4 digits of account number 6 7 5 6
	State	ZIP Code	Last 4 digits of account number ~ ' ~ ~ ~

City

State

ZIP Code

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Cindy Denise Wells
First Name Middle Name Filed 10/16/19 Entered 10/16/19 15:59:41 Main Document

Debtor 1

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Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

ERC			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			_
PO Box 23870			Line 7.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			☑ Part 2: Creditors with Nonpriority Unsecured Claim
Jackson	FL	32241	Last 4 digits of account number 6 7 5 6
City	State	ZIP Code	
Midland Credit Manage	ement		On which entry in Part 1 or Part 2 did you list the original creditor?
lame			
2365 Northside Drive S	Suite 300		Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
San Diego	CA State	92108 ZIP Code	Last 4 digits of account number 5 7 3 4
Atlantic Credit and Fin	ance Incorpo	orated	On which entry in Part 1 or Part 2 did you list the original creditor?
lame PO Box 13386			Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PU BOX 13300 lumber Street			✓ Part 2: Creditors with Nonpriority Unsecured
			Claims
Roanoke	VA	24033	Last 4 digits of account number 2 9 8 6
City	State	ZIP Code	Last 4 digits of account number
American Recovery Se	ervice Incorp	orated	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			4.2 C. (O)
555 St. Charles Drive	Suite 100		Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			■ Part 2: Creditors with Nonpriority Unsecured Claims
Thousand Oaks	C^	01260	
Thousand Oaks	CA State	91360 ZIP Code	Last 4 digits of account number 4 7 0 7
Wakefield & Associate	s Inc		On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 58			Line 7.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			✓ Part 2: Creditors with Nonpriority Unsecured
830 E Platte Ave Unit	A		Claims
Fort Morgan	CO	80701	Last 4 digits of account number 7 5 8 8
City	State	ZIP Code	LEGIT GIGHTS OF BOOODIE HUMBOOF
Credit Control, LLC			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line 5.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
5757 Phantom Drive S	ste. 330		Line 5.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Adinyot Ottoot			Claims
Hazelwood	MO State	63042 ZIP Code	Last 4 digits of account number 5 2 4 2
Caci	entre en	en verse er et levele en bet en 1997 e	On which enter in Port 4 or Port 2 did you list the existinal creditor?
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 790379			Line 8.0 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
St. Louis	МО	63179	Last 4 digits of account number 4 8 7 3
City	State	ZIP Code	EUCL T CINIU CI UCCONIII II CIIII

6j. Total. Add lines 6f through 6i.

Debtor 1

Cindy Denise Wells

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim 6a. 6a. Domestic support obligations **Total claims** from Part 1 6b. Taxes and certain other debts you owe the 6b. government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. Total claim 6f. Student loans 6f. **Total claims** from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

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		Fy 44	JI 12	
Fill in this information	on to identify your	case:		
Cindy	Denise Wells			
Debtor Circly		idle Name Last Name		
Debtor 2 (Spouse If filing) First Name	Mir	Idie Name Last Name		
	v Court for the East	ern District of Missouri		
	y Coult for the. — act			
Case number (If known)				Check if this is a
				amended filing
Official Form	106G			
Schedule (: Execut	ory Contracts ar	nd Unexpired Leases	12/15
information. If more s additional pages, writ 1. Do you have any \(\square\) No. Check this	pace is needed, context of the your name and context or contract the state of the year.	py the additional page, fill it out ase number (if known). Its or unexpired leases? Ith with the court with your other so	g together, both are equally responsible for supply, number the entries, and attach it to this page. Or chedules. You have nothing else to report on this form a sare listed on Schedule A/B: Property (Official Form 1)	n the top of any
List separately ea example, rent, ve unexpired leases.	ich person or com hicle lease, cell ph	pany with whom you have the coone). See the instructions for this	ontract or lease. Then state what each contract or form in the instruction booklet for more examples of e	lease is for (for executory contracts an
Person or compa	ıny with whom yol	have the contract or lease	State what the contract or lease is for	•
2.1 Fox Grove Ma	nagement		Rent	
Name		, and the second		
2758 Russell I			_	
Number Street St. Louis	MO	63104		
City	State	ZIP Code		
2.2 NPRTO Mid-V	Vest LLC		furniture	
Name	PCSI LLO			
256 W Data D		······································		
Number Street Draper	UT	84020		
City	State	ZIP Code		
2.3 West Creek F	inancial		furniture	
Name				
PO Box 5518				
Number Street Glen Allen	t VA	23058-5518		
City	State	ZIP Code		
2.4 Capital One			credit card	
Name				
PO Box 3028				
Number Stree		04420 0207		
Salt Lake City	UT State	84130-0287 ZIP Code	****	
2.5 Ace Cash Exp			cash loan	
Name	ou Drive Cuite C	00		
1231 Greenw Number Stree	ay Drive Suite 6	UU		
Irvina	TX	75038		

State

ZIP Code

City

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Debtor 1

Cindy Denise Wells

st Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

	Person o	r company w	vith whom you	have the contract or leas	se What the contract or lease is for
2 <u>6</u>	Rent a	Center			furniture
	Name				
		eadquarte	rs Drive		
	Number	Street			
	Plano		TX	75024	
	City		State	ZIP Code	
,	 ,				
27_	Cash N	et USA			cash loan
	Name			· · · · · · · · · · · · · · · · · · ·	
	175 W.	Jackson E	Blvd., Suite 10	000	
	Number	Street			
	Chicago	0	IL	60604	
	City		State	ZIP Code	
28 _	A	_			overdue book rental
	Amazoi	1			and a manifest from the material ad 1970
	Name	_			
	410 Te	ry Ave.			
	Number	Street			
	North S	eattle	WA	98109	
	City		State	ZIP Code	
7					
2					
	Nome				
	Name				
	Month	011		 	
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	7.1411.10				
	Number	Street			· · · · · · · · · · · · · · · · · · ·
	Mullibel	Ollect			
	City		Clata	7ID Code	
	City		State	ZIP Code	
,					
2					
	Name				
	Number	Street		***************************************	
	City		State	ZIP Code	
	•••				
, !					
				· · · · · · · · · · · · · · · · · · ·	
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name	·			
	Name				
					
	Number	Street			
					· · · · · · · · · · · · · · · · · · ·
	City		State	7IP Code	

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Fill in this i	nformation to ide	entify your case:		
Debtor 1	Cindy Denise	Wells Middle Name	Last Name	
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name	
United States	Bankruptcy Court fo	r the: Eastern District of Mi	ssouri	
Case number (If known)	r			Check if this is a
o.c	- 400:			amended filing
Official	Form 106h	1		

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1	Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a	codebtor.)						
4.0	No	· ,						
	☐ Yes							
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)								
	No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?							
	□ No							
	Yes. In which community state or territory did you live? Fi	ill in the name and current address of that person.						
	Name of your spouse, former spouse, or legal equivalent							
	Number Street							
	City State ZIP Code							
_	In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if	your chause is filing with you. List the parson						
-	shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. I Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2.	Make sure you have listed the creditor on						
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt						
	, , ,	Check all schedules that apply:						
3.1	Lillian Strickland	Schedule D, line						
	Name	Schedule E/F, line 7.5						
	Number Street	Schedule G, line						
3.2	City State ZIP Code							
J.Z	Name	Schedule D, line						
	Nume	☐ Schedule E/F, line						
	Number Street	☐ Schedule G, line						
	City State ZIP Code							
3.3		Schedule D, line						
	Name	Schedule E/F, line						
	Number Street	☐ Schedule G, line						
	City State ZIP Code							

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Debtor 1

Gindy Denise Wells
First Name Middle Name

Last Name

Case number (# known)_

Column 1: Your codebtor			Column 2: The creditor to whom you owe the deb
1			Check all schedules that apply:
]			Schedule D, line
Name			Schedule E/F, line
Number Street			Schedule G, line
Nutriber Sueet			
City	State	ZiP Code	
			Schedule D, line
Name			Schedule E/F, line
			Schedule G, line
Number Street			
City	State	ZIP Code	
			F
Name			Schedule D, line
			Schedule E/F, line
Number Street			Schedule G, line
	State	ZIP Code	_
City	Side	Zii Gode	
		<u> </u>	Schedule D, line
Name			Schedule E/F, line
Number Street			Schedule G, line
City	State	ZIP Code	en e
]			Schedule D, line
Name			☐ Schedule E/F, line
Number Street			Schedule G, line
City	State	ZIP Code	······································
			Schedule D, line
Name			Schedule E/F, line
Number Street			Schedule G, line
Number Street			
City	State	ZIP Code	
			Schedule D, line
Name			Schedule E/F, line
			Schedule G, line
Number Street			
City	State	ZIP Code	
Name			Schedule D, line
			Schedule E/F, line
Number Street			Scriedule G, line
Cit.	State	ZIP Code	

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Fill in this information to	identify your case:			
Debtor 1 Cindy Den	ise Wells			
Debtor 1. Office Defi	Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		
United States Bankruptcy Cou	rt for the: Eastern District of Missour	i		
Case number			Check if	this is:
(If known)				nended filing
				plement showing postpetition chapter 13 ne as of the following date:
Official Form 106I			MM /	DD / YYYY
Schedule I:	Your Income			12/15
supplying correct informatif you are separated and v	tion. If you are married and not fi our spouse is not filing with you, n. On the top of any additional pa	ling jointly, and your : do not include inforn	spouse is living with nation about your spo	or 2), both are equally responsible for you, include information about your spouse. ouse. If more space is needed, attach a known). Answer every question.
Fill in your employment information.	t	Debtor 1		Debtor 2 or non-filing spouse
If you have more than or	ne iob.			
attach a separate page vinformation about additional employers.	with Employment status	✓ Employed✓ Not employed		☐ Employed ☐ Not employed
Include part-time, seaso	nal, or			
self-employed work. Occupation may include or homemaker, if it appli		Internet and Ph	one Repair	
	Employer's name	Charter Commu	unications	
	Employer's address	13022 Hollenbe	erg Drive	Number Street
		Bridgeton, MO	63044 State ZIP Code	City State ZIP Code
	How long employed the	ere? 2 years		
Part 2: Give Detail	s About Monthly Income			
spouse unless you are s If you or your non-filing s		ver, combine the inform		write \$0 in the space. Include your non-filing for that person on the lines
			For Debtor 1	For Debtor 2 or non-filing spouse
	ages, salary, and commissions (b monthly, calculate what the monthl		2. _{\$ 2408.84}	\$
3. Estimate and list mon	thly overtime pay.	\$	3. +\$ 0.00	+ \$
4. Calculate gross incon	ne. Add line 2 + line 3.	4	s <u>2408.84</u>	\$

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Debtor 1

Cindy	Denise	Wells

First Name Last Name Case number (# known)_

		For Debtor 1	For Debtor 2 or non-filing spouse	- - - -
Copy line 4 here	4.	\$ <u>2408.84</u>	\$	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 250.80	\$	
5b. Mandatory contributions for retirement plans	5b.	\$ 150.80	\$	
5c. Voluntary contributions for retirement plans	5c.	\$	\$	
5d. Required repayments of retirement fund loans	5d.	\$	\$	
5e. Insurance	5e.	\$ 197.2	\$	
5f. Domestic support obligations	5f.	\$	\$	
5q. Union dues	5g.	\$	\$	
5h. Other deductions. Specify: Electronic Purchasing Plan	5h.	+\$ 67.88	+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$ 666.68	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 1742.16	\$	
7. Calculate total monary take nome pays outstate time of nomeno in		T	1	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	٥.	\$	\$	
monthly net income.	8a.		*	
8b. Interest and dividends	8b.	\$	\$	
 Family support payments that you, a non-filing spouse, or a dependent regularly receive 	i i L			:
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	
8d. Unemployment compensation	8d.	\$	\$	
8e. Social Security	8e.	\$	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$	\$	
8g. Pension or retirement income	8a.	\$	\$	
•	-3	~ <u></u>		
8h. Other monthly income. Specify:	8h.	+\$	T \$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 0.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>1742.16</u>	+=	\$
11. State all other regular contributions to the expenses that you list in Scheolnclude contributions from an unmarried partner, members of your household, y friends or relatives.	our d	lependents, your roo		
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable to pay expe		_
Specify:			11. +	\$
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S				\$1742.16 Combined
13. Do you expect an increase or decrease within the year after you file this f No. Yes. Explain:	orm?	?		monthly income

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Fill in this information to identify	your case:			
Debtor 1 Cindy Denise Wel		Check if thi	e ie	
First Name Debtor 2	Middle Name Last Name			
(Spouse, if filing) First Name	Middle Name Last Name	An ame	ended ming ement showing postp	netition chapter 13
United States Bankruptcy Court for the:	Eastern District of Missouri		es as of the following	
Case number (If known)		MM / DD	O / YYYY	
Official Form 106J	_			
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as prinformation. If more space is need (if known). Answer every question	ossible. If two married people are fili ed, attach another sheet to this form	ng together, both are equally re . On the top of any additional p	esponsible for supplyi ages, write your name	ng correct e and case number
Part 1: Describe Your Hou	usehold			
1. Is this a joint case?				
No. Go to line 2. Yes. Does Debtor 2 live in a	separate household?			
☐ No ☐ Yes. Debtor 2 must fi	le Official Form 106J-2, <i>Expenses for</i> S	eparate Household of Debtor 2.		en an againgta par per againment a personal or second as a selection
Do you have dependents? Do not list Debtor 1 and	☐ No ✓ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2.	each dependent	Develope	0	☐ No
Do not state the dependents' names.		Daughter		Yes
				□ No □ Yes
				☐ Yes
				☐ Yes
				□ No
				☐ Yes
				□ No □ Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes			
Part 2: Estimate Your Ongo	ing Monthly Expenses			
Estimate your expenses as of you expenses as of a date after the bat applicable date. Include expenses paid for with no	r bankruptcy filing date unless you a nkruptcy is filed. If this is a supplem n-cash government assistance if you d it on Schedule I: Your Income (Offi	ental S <i>chedule J</i> , check the bo		n and fill in the
	expenses for your residence. Include			725.00
any rent for the ground or lot.			4. \$	1.20.00
If not included in line 4:				
4a. Real estate taxes			(
4b. Property, homeowner's, or				
4c. Home maintenance, repair,				
4d. Homeowner's association of	or condominium dues		4d. \$	

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Debtor 1

Cindy	Denise	Wells

Case number (# known)_

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5 .	\$
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$ 250.00
	6b. Water, sewer, garbage collection	6b.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 60.00
	6d. Other. Specify: Furniture and Credit Card Payments	6d.	\$ 300.00
7.	Food and housekeeping supplies	7.	\$200.00
8.	Childcare and children's education costs	8.	\$168.00
9.	Clothing, laundry, and dry cleaning	9.	\$
10.	Personal care products and services	10.	\$ 50.00
11.	Medical and dental expenses	11.	\$ <u>116.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 240.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 100.00
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

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Debtor 1	Cindy Denise Wells First Name Middle Name Last Name Case number	(if known)	
21. Oti	er. Specify:	21.	+\$
22. Ca l	culate your monthly expenses.		
228	Add lines 4 through 21.	22a.	\$ 2209.00
22 t	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$
220	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$ 2209.00
			la concentration from the second contration of
23. Cal c	ulate your monthly net income.		s 1742.16
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$ 1742.10
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$ 2209.00
23 c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23 c.	\$446.84_
_	ou expect an increase or decrease in your expenses within the year after you file this form	?	
	example, do you expect to finish paying for your car loan within the year or do you expect your gage payment to increase or decrease because of a modification to the terms of your mortgage?		
<u> </u>			
	es. Explain here: Rent increases every year.		

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-ill in this in			Pa 53 (of 72	
	formation to identify	your case:			
Debtor 1	Cindy Denise We	ells			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	Eastern District of M	fissouri .		
Case number					
(If known)					Check if this is an amended filing
Off: -!-	L = 400D				
***************************************	Form 106D		Individual	Debtor's Schedule	S 12/15
DCCI	aration A	bout un	marviada	Debtor 3 Concuare	12115
If two mar	ried people are filing	together, both are o	equally responsible fo	r supplying correct information.	
	•				
₩ No		/ someone who is N	OT an attorney to help	you fill out bankruptcy forms?	
₩ No		/ someone who is N	OT an attorney to help	you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice Signature (Official Form 119).	e, Declaration, and
₩ No Yes Under that the	u pay or agree to pay S. Name of person	declare that I have r	ead the summary and		e, Declaration, and
Under that the	u pay or agree to pay S. Name of person penalty of perjury, I can be are true and corre	declare that I have r			a, Declaration, and

Official Form 106Dec

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Fill in this information to identify your case:			
Debtor 1 Cindy Denise Wells			
First Name Middle Name Debtor 2	Last Name		
(Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Eastern District of			
Case number(If known)		į į	Check if this is an amended filing
			amended iming
Official Form 107			
		iduals Filing for Bankruptcy	
e as complete and accurate as possible. If two mar	ried people are filing	g together, both are equally responsible for supplyi m. On the top of any additional pages, write your n	ng correct ame and case
umber (if known). Answer every question.			
Other Describe About Vous Monited Cha	ntus and Whore V	ou Lived Pefere	
Part 1: Give Details About Your Marital Sta	itus and where To	Du Livea Belore	
What is your current marital status?			
☐ Married			
✓ Not married			
2. During the last 3 years, have you lived anywhere	e other than where v	ou live now?	
No	sociel diam where y	ou live how.	
Yes. List all of the places you lived in the last 3	years. Do not include	where you live now.	
Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		☐ Same as Debtor 1	☐ Same as Debtor :
2011 California Ave	From		From
Number Street	_ From To	Number Street	To
Apt. A			
Saint Louis MO 63104			
City State ZIP Code	_	City State ZIP Code	
		☐ Same as Debtor 1	Same as Debtor
	_ From		From
Number Street	То	Number Street	То
City State ZIP Code		City State ZIP Code	
3. Within the last 8 years, did you ever live with a	snouse or lenal equi	valent in a community property state or territory?	Community property
states and territories include Arizona, California, Id	aho, Louisiana, Neva	da, New Mexico, Puerto Rico, Texas, Washington, and	d Wisconsin.)
 ■ No			
Yes. Make sure you fill out Schedule H: Your C	odebtors (Official For	m 106H).	
Part 2: Explain the Sources of Your Income			

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ebtor 1	Cindy Denise Wells		Case number (if known)			
	First Name Middle Name Last I	Name				
Fill in	you have any income from employment the total amount of income you received a are filing a joint case and you have incomed to the fill in the details.	l from all jobs and all busi	nesses, including part-tir	ne activities.	ndar years?	
		Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions an exclusions)	
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$ 21,672.00	Wages, commissions, bonuses, tips	\$	
	the date you filed for bankiuptcy.	Operating a business		Operating a business		
	For last calendar year:	Wages, commissions, bonuses, tips	\$ 32,117.00	☐ Wages, commissions, bonuses, tips	\$	
	(January 1 to December 31, 2018 YYYY	Operating a business	5	Operating a business	Ψ	
	For the calendar year before that:	Wages, commissions, bonuses, tips	07.754.00	☐ Wages, commissions, bonuses, tips		
	(January 1 to December 31, 2017	Operating a business	\$ 27,754.00	Operating a business	\$	
List (bling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each of the complex control of the control of t				o diluci bessor 1.	
		Debtor 1		Debtor 2		
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions an exclusions)	
	From January 1 of current year until		\$		- \$	
	the date you filed for bankruptcy:		\$		- \$	
			\$			
			\$		- \$	
	For last calendar year:		Ψ		- \$ - \$	
	(lanuary 1 to December 31		\$		- \$ - \$ - \$	
	•		\$ \$		- \$	
	(lanuary 1 to December 31				- \$	
	(January 1 to December 31,)				- \$	

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Debtor 1	Cindy Denise Wells First Name Middle Name Last Name		Case number (# known)		
Part 3:	List Certain Payments You Made Before	e You Filed	for Bankruptcy		
6. Are eit	ther Debtor 1's or Debtor 2's debts primarily co	nsumer debt	ts?		
☐ No	o. Neither Debtor 1 nor Debtor 2 has primarily of "incurred by an individual primarily for a personal primarily for a pe	consumer de al, family, or h	bts. Consumer debts are nousehold purpose."	e defined in 11 U.S.C. § 101	.(8) as
	During the 90 days before you filed for bankrup	tcy, did you pa	ay any creditor a total of	\$6,825* or more?	
	☐ No. Go to line 7.				
	Yes. List below each creditor to whom you perfectly total amount you paid that creditor. Do child support and alimony. Also, do not	not include p	ayments for domestic su	pport obligations, such as	
	* Subject to adjustment on 4/01/22 and every 3				
☑ Ye	es. Debtor 1 or Debtor 2 or both have primarily o	consumer de	bts.		
	During the 90 days before you filed for bankrup			\$600 or more?	
	☑ No. Go to line 7.				
	Yes. List below each creditor to whom you perceditor. Do not include payments for alimony. Also, do not include payment.	domestic supp	ort obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	_ \$	☐ Mortgage
	Creditor's Name				Car
	Number Street				Credit card
					Loan repayment
					Suppliers or vendors
	City State ZIP Code				Other
	Creditor's Name		\$	_ \$	☐ Mortgage
					Car
	Number Street				Credit card
					☐ Loan repayment☐ Suppliers or vendors
					Other
	City State ZIP Code				
	Creditor's Name		\$	_ \$	Mortgage
	Creditor's Name				☐ Car
	Number Street				Credit card
					Loan repayment
					Suppliers or vendors
	City State ZIP Code				☐ Other

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	Cindy Denise Wells First Name Middle Name Last Name			Case number (if known)_	
	THE HARD SAME				e geologic w two www. is a common of the medical file of
Insid corpo agen such	in 1 year before you filed for bankruptcy, di lers include your relatives; any general partner orations of which you are an officer, director, p it, including one for a business you operate as as child support and alimony.	s; relatives of any e erson in control, o	general partners; p owner of 20% or t	artnerships of which more of their voting	n you are a general partner; securities; and any managing
— 1	es. List all payments to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name		\$	\$	
	Number Street				
	City State ZIP Code				
			\$	\$	
	Insider's Name				
	Number Street				:
	City State ZIP Code				
\arieh:	in 1 year before you filed for bankruntey di	d vou make any r	ayments or trans	fer any property o	n account of a debt that benefi
an ir Inclu	in 1 year before you filed for bankruptcy, dinsider? de payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider	d by an insider.	ayments or trans Total amount paid	ifer any property o Amount you still owe	
an ir Inclu	nsider? de payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider	d by an insider.	Total amount	Amount you still	Reason for this payment
an ir Inclu	nsider? de payments on debts guaranteed or cosigned No	d by an insider.	Total amount paid	Amount you still owe	Reason for this payment
an ir Inclu	nsider? de payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider	d by an insider.	Total amount paid	Amount you still owe	Reason for this payment
an ir Inclu	nsider? de payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider Insider's Name	d by an insider.	Total amount paid	Amount you still owe	Reason for this payment
an ir Inclu	nsider? de payments on debts guaranteed or cosigner No Yes. List all payments that benefited an insider Insider's Name Number Street	d by an insider.	Total amount paid	Amount you still owe	Reason for this payment
an ir Inclu	nsider? de payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider Insider's Name	d by an insider.	Total amount paid	Amount you still owe	Reason for this payment
an ir Inclu	nsider? de payments on debts guaranteed or cosigner No Yes. List all payments that benefited an insider Insider's Name Number Street City State ZIP Code	d by an insider.	Total amount paid	Amount you still owe	Reason for this payment
an ir Inclu	nsider? de payments on debts guaranteed or cosigner No Yes. List all payments that benefited an insider Insider's Name Number Street	d by an insider.	Total amount paid \$	Amount you still owe	Reason for this payment
an ir Inclu	nsider? de payments on debts guaranteed or cosigner No Yes. List all payments that benefited an insider Insider's Name Number Street City State ZIP Code	d by an insider.	Total amount paid \$	Amount you still owe	Reason for this payment
an ir Inclu	nsider? de payments on debts guaranteed or cosigner No /es. List all payments that benefited an insider Insider's Name City State ZIP Code Insider's Name	d by an insider.	Total amount paid \$	Amount you still owe	Reason for this payment

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Debtor 1	Cindy Denise Wells			Case number (#	known)	
	First Name Middle Name	Last Name				
	İ					
	Identify Legal Actions, Rep			· · · · · · · · · · · · · · · · · · ·		
	n 1 year before you filed for bankr I such matters, including personal in					
	ontract disputes.	jury oddod,	sman olamio acideno, arvo	, 000, 00110011011 00110, p	a.c.,, ac.a., acppens	
□ No)					
☑ Ye	es. Fill in the details.					
		Nature	of the case	Court or agency		Status of the case
		l was	sued by Bank of	St. Louis City	Court	
C	case title Bank of America vs	Amer	ica for an	Court Name	Jourt	- Pending
(Cindy Denise Wells	unpai	d debt.	1520 Market S	Street	On appeal
				Number Street		Concluded
C	Case number			St. Louis	MO 63103	-
				City	State ZIP Code	
						-
C	ase title	 !		Court Name		- Pending
_		:				On appeal
		1		Number Street		Concluded
C	ase number	<u>—</u> :				_
				City	State ZIP Code	
	o. Go to line 11. es. Fill in the information below.		Describe the property		Date	Value of the property
			, , ,	Dharmalat Owna 1	0	
	PNC Bank		2016 Storm Blue (Shevrolet Gruze L	05/2018	s UNKNOWN
	Creditor's Name		- 			*
	249 5th Ave., Ste. 30		: 			
	Number Street		Explain what happened			
			Property was rep			
			Property was foreProperty was gard			
	Pittsburgh PA City State Z	15222 P Code		insned. iched, seized, or levied	1	
	ony out	. 5545	Describe the property	onou, conzou, or lovido	Date	Value of the property
			bescribe the property	-	Date	value of the property
	Creditor's Name		-			\$
	Ordano o Manie					
	Number Street		_ `			
			Explain what happened			
			Property was repo			
			Property was fore			
	City State Z	P Code	Property was gard	nished. chad seized or levied		

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Case number (# known)_

Cindy Denise Wells

Debtor 1

hin 90 days before you filed for bankrup counts or refuse to make a payment bec		u institution, set off any am	ounts from you
No	•		
Yes. Fill in the details.			
	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name			_
Number Street	•.		B
City State ZIP Code	Last 4 digits of account number: XXXX		
	cy, was any of your property in the possession of	an assignee for the benefit	t of
litors, a court-appointed receiver, a cus	stodian, or another oπicial?		
No Yes			
List Certain Gifts and Contribu	tions		
<u> </u>			
	Describe the gifts	Dates you gave the gifts	Value
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts		Value \$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts		\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts		Value \$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift	Describe the gifts		\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift	Describe the gifts		\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Street City State ZIP Code	Describe the gifts		\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600	Describe the gifts		\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts	\$ \$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts	\$ \$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts	\$\$ Value
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		the gifts	\$ \$
per person Person to Whom You Gave the Gift Number Street		the gifts	\$ \$

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1	First Name Middle Name Last	Name		
	years before you filed for bankrup	otcy, did you give any gifts or contributions with a total valu	e of more than \$60	0 to any charity?
Z No				
⊶ Yes. i	Fill in the details for each gift or conf	indution.		
	or contributions to charities	Describe what you contributed	Date you	Value
that	total more than \$600		contributed	
Charita	's Name		·	\$
Charty	5 Name			
				\$
Numbe	r Street			
City	State ZIP Code			
Ony	Catt En Sous			
6:	List Certain Losses			
	cribe the property you lost and the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
				\$
t 7: L	ist Certain Payments or Tran	sfers	····	
		tcy, did you or anyone else acting on your behalf pay or tran	nsfer any property	to anyone
		or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in ye	our hankruptev	
	ny attornoyo, barittupioy poution pre	pparoto, or order obtained my agonition for converse requires my		
MO No	Fill in the details.			
⊒ 165.1	rii iii tile detans.			
		Description and value of any property transferred	Date payment or transfer was	Amount of payme
Perso	n Who Was Paid		made	
				_
Numb	er Street			\$
				¢
				Φ
City	State ZIP Code			
Email	or website address			
Perso	n Who Made the Payment, if Not You			

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btor 1	Cindy Denise Wells First Name Middle Name Last I	Name	Case number (# known)		
+.	and the state of the second control of the second s			again and a graph of the control of	Amount of
		Description and value of any property	uansierreu	Date payment or transfer was made	Amount of payment
	Person Who Was Paid				\$
	Number Street				\$
					Φ
	City State ZIP Code				
	Email or website address				
	Person Who Made the Payment, if Not You				
Do r	mised to help you deal with your credit not include any payment or transfer that yo No Yes. Fill in the details.	• •	GILO. S.		
		Description and value of any property	transferred	Date payment or transfer was made	Amount of payme
	Person Who Was Paid				
	Number Street				\$
					\$
	City State ZIP Code				
tran Inclu Do r	nin 2 years before you filed for bankrup sferred in the ordinary course of your I ude both outright transfers and transfers in not include gifts and transfers that you have No Yes. Fill in the details.	business or financial affairs? nade as security (such as the granting			
		Description and value of property transferred	Describe any property of or debts paid in exchan		Date transfer was made
	Person Who Received Transfer				
	Number Street				:
	City State ZIP Code				
	Person's relationship to you				
	Person Who Received Transfer				
	Number Street				
	City State ZIP Code				
	Person's relationship to you				

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btor 1	Cindy Denis	C VVCIIS Middle Name		Name	Case number (# km	OWn)	
are a	a beneficiary? (Th Vo	ese are o		ptcy, did you transfer any prop sset-protection devices.)	erty to a self-settled true	st or similar device of v	vhich you
U Y	es. Fill in the deta	ils.		Description and value of the pro	nerty transferred		Date transfer
					porty transferred		was made
N	lame of trust			- .			· ·
_							
rt 8:	List Certain F	inancia	i Accounts	s, Instruments, Safe Depos	it Boxes, and Storag	je Units	and the second of
inclubroke	ed, sold, moved, o de checking, sav erage houses, pe lo	or transfo ings, mo nsion fu	erred? ney market,	cy, were any financial accounts or other financial accounts; ce atives, associations, and other	rtificates of deposit; sh		
2 Y	es. Fill in the deta	ails.			Toma of account or	Data annumbura	t not belowed before
				Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Neighbors Cree Name of Financial Inst		n		17		. 0.00
	1720 Market S	treet		xxxx- <u>9</u> <u>7</u> <u>8</u> <u>0</u>	Checking Savings		s 0.00
i	Number Street				Money market		
-	St. Louis	MO State	63103 ZIP Code		☐ Brokerage		
	Ally Bank Name of Financial Insti			xxxx- <u>9</u> <u>7</u> <u>8</u> <u>0</u>	Checking		\$ <u>0</u> .01
	P O Box 951	iuuon			Z Savings		
	Number Street				Money market		
	Bloomington	MN	55438 ZIP Code		☐ Brokerage ☐ Other		
Do yo	rities, cash, or oti o	lid you h her valua	ave within 1	year before you filed for bankr	uptcy, any safe deposit	box or other depositor	y for
□ Y	es. Fill in the deta	uils.		Who else had access to it?	Describe th	ne contents	Do you still have it?
Ī	Name of Financial Insti	tution		Name			☐ No ☐ Yes
-	Number Street			Want to the second			
1				Number Street			

Debtor 1

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ebtor 1	Cindy Denise Wells First Name Middle Name Las	t Name	Case number (# known)	
22. Have 2 N		or place other than your home with	nin 1 year before you filed for bankruptcy?	
□ Y	es. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you still have it?
	Name of Storage Facility	Name		☐ No ☐ Yes
	reance or atomage I womey	THE		163
	Number Street	Number Street		
		City State ZIP Code		
	City State ZIP Code		:	
Part 9:	Identify Property You Hold	or Control for Someone Else		
or h	old in trust for someone.	someone else owns? Include any p	roperty you borrowed from, are storing for	,
	No Yes. Fill in the details.			
.	res. Fill in the detans.	Where is the property?	Describe the property	Value
	Council Name		! !	· s
	Owner's Name	4. C. W.	1	4
	Number Street	Number Street		
		City State ZIF	Code	
	City State ZIP Code	City State Lin	Code	
Part 10	Give Details About Environ	mental Information		
■ Envi haza inclu	ardous or toxic substances, wastes, o uding statutes or regulations controlli	tte, or local statute or regulation co or material into the air, land, soil, su ing the cleanup of these substance orty as defined under any environm	oncerning pollution, contamination, release irface water, groundwater, or other mediur s, wastes, or material. ental law, whether you now own, operate,	n,
≡ Haza	-	nvironmental law defines as a haza	rdous waste, hazardous substance, toxic	
Report	all notices, releases, and proceeding	s that you know about, regardless	of when they occurred.	
24. Has	any governmental unit notified you th	at you may be liable or potentially	liable under or in violation of an environme	ental law?
	No Yes. Fill in the details.			
		Governmental unit	Environmental law, if you know it	Date of notice
- N	lame of site	Governmental unit		
Ñ	lumber Street	Number Street		
_		City State ZIP Code		

City

State ZIP Code

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r 1	Cindy Deni	ise Wells			Case number	(if known)	
	First Name	Middle Name	Last	Name			
lav	e you notified an	y governn	nental unit o	of any release of hazardous mater	ial?		
U	No						
	Yes. Fill in the d	etails.					
				Governmental unit	Environmental lav	, if you know it	Date of notice
	Name of site			Governmental unit	_		
	Number Street			-			
	Number Sueet			Number Street			
				City State ZIP Code	_		
	City	State	ZIP Code				
los#	you been a nar	tv in anv i	udicial or ad	lministrative proceeding under ar	ov environmental la	w2 Include settlements a	nd orders
Z I		ty iii aariy ji	adicial of ac	initiistiative proceeding under w	ly clivitorinicitus in	er. moidde Settlements a	ila Oldolai
_	No Yes. Fill in the de	ataile					
_	res. Fill ill the de	cians.		Court or agoney	Nature of the		Status of the
				Court or agency	Nature of the	. uase	case
•	Case title			_			Pending
				Court Name			On appe
-			· · · · · · · · · · · · · · · · · · ·	Number Street			Conclud
ī	Case number			City State ZIP Co			
				•			
rt 1	1: Give Deta	ails Abou	it Your Bu	siness or Connections to Any	y Business		
With	nin 4 vears befor	e vou filed	for bankru	ptcy, did you own a business or h	nave any of the folio	owing connections to any	business?
				in a trade, profession, or other a			
				pany (LLC) or limited liability part	tnership (LLP)		
_	🔲 A partner in a	•	•				
į	An officer, di	rector, or 1	managing e	xecutive of a corporation			
- 1	An owner of	at least 5%	of the voti	ng or equity securities of a corpo	ration		
	No. None of the a	above app	lies. Go to P	Part 12.			
				l in the details below for each bus	siness.		
	River Rise LL	C		Describe the nature of the busine	ss	Employer Identification nu	mber
	Business Name			-		Do not include Social Secu	irity number or ITIN.
	2731 Allen A	ve		Social service agency dec	dicated to	EIN: 8 2 -4 0	4 6 3 5 7
	Number Street			providing services to foster children and homele Name of accountant or bookkeep	ess vouth ages		
	Apt. B			Name of accountant or bookkeep	er	Dates business existed	
				Cindy Denise Wells		From 12/29/2017 _{To} 09	9/09/2019
	Saint Louis	MO State	63104 ZIP Code	- ·		FIGHT	
	City	SIMIC	AF COUR	Describe the nature of the busine	SS	Employer Identification nu	mber
	Business Name			-		Do not include Social Secu	
	PROPRIESS NAME					FIAI.	
	Number Street					EIN:	
	Jucet			Name of accountant or bookkeep	er	Dates business existed	
						From To	
	City	State	7ID Code	- ,			

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First Name	ise Wells Middle Name Last	st Name Case	e number (# known)
Business Name		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		Name of accountant or bookkeeper	EIN:
		-	
City	State ZIP Code		From To
institutions, credito	re you filed for bankru ors, or other parties.	ıptcy, did you give a financial statement to ar	nyone about your business? Include all financial
☑ No ☑ Yes. Fill in the d	etails below.	Date issued	
US Bank		02/05/2018 MM / DD / YYYY	
1000 N US F Number Street	lighway 67	_	
Florissant City	MO 63031 State ZIP Code		
t 12: Sign Belo	au.		
I have read the ans	swers on this <i>Stateme</i> and correct. I understa a bankruptcy case ca	ent of Financial Affairs and any attachments, and that making a false statement, concealing an result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both.
in connection with	.341, 1519, and 3571.	$ \mathcal{A}_{\mathcal{C}} $	
in connection with	e Wells	Signature of Debtor 2	
in connection with 18 U.S.C. §§ 152, 1 Cindy Denis Signature of Debi	e Wells Control (1) 17 10/16/19	Date	
in connection with 18 U.S.C. §§ 152, 1 Cindy Denis Signature of Debi	e Wells Control (1) 17 10/16/19		
in connection with 18 U.S.C. §§ 152, 1 Cindy Deniss Signature of Debit Date 09/09/201 Did you attach add No Yes	e Wells Control tor 1 (130) 17 0 16 19 ditional pages to Your	Date	s Filing for Bankruptcy (Official Form 107)?

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Fill in this information to identify your case:	Check one box only as directed in this form and in Form 122A-1Supp:
Debtor 1 Cindy Denise Wells First Name Middle Name Last Name	
Debtor 2	1. There is no presumption of abuse.
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Eastern District of Missouri	 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).
Case number	☐ 3. The Means Test does not apply now because of
(If known)	qualified military service but it could apply later.
	☐ Check if this is an amended filing
Official Form 122A—1	
Chapter 7 Statement of Your Current M	Ionthly Income 12/15
Be as complete and accurate as possible. If two married people are filing toget space is needed, attach a separate sheet to this form. Include the line number additional pages, write your name and case number (if known). If you believe the do not have primarily consumer debts or because of qualifying military services Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.	to which the additional information applies. On the top of any that you are exempted from a presumption of abuse because you
Part 1: Calculate Your Current Monthly Income	
1. What is your marital and filing status? Check one only.	
Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and E	R lines 2.11
☐ Married and your spouse is NOT filing with you. You and your spouse	
Living in the same household and are not legally separated. Fill out Living separately or are legally separated. Fill out Column A, lines 2 under penalty of perjury that you and your spouse are legally separated.	2-11; do not fill out Column B. By checking this box, you declare ed under nonbankruptcy law that applies or that you and your
spouse are living apart for reasons that do not include evading the Mea Fill in the average monthly income that you received from all sources, der bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on Septe	rived during the 6 full months before you file this
August 31. If the amount of your monthly income varied during the 6 months, ac Fill in the result. Do not include any income amount more than once. For example,	add the income for all 6 months and divide the total by 6. Iple, if both spouses own the same rental property, put the
income from that property in one column only. If you have nothing to report for a	
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>2424.0</u> 0 \$
Alimony and maintenance payments. Do not include payments from a spouse Column B is filled in.	se if \$
4. All amounts from any source which are regularly paid for household expersor of you or your dependents, including child support. Include regular contributions an unmarried partner, members of your household, your dependents, pare and roommates. Include regular contributions from a spouse only if Column B is filled in. Do not include payments you listed on line 3.	utions ents,
5. Net income from operating a business, profession, Debtor 1 Debtor 2	2
Gross receipts (before all deductions) \$\$	
Ordinary and necessary operating expenses -\$\$	
Net monthly income from a business, profession, or farm \$\$	Copy
6. Net income from rental and other real property Debtor 1 Debtor 2 Gross receipts (before all deductions) \$\$	2 —
Ordinary and necessary operating expenses - \$ \$	<u> </u>
Net monthly income from rental or other real property \$\$	Copy here→ \$ \$
7. Interest, dividends, and royalties	 \$ \$

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Debt	r 1 Cindy Denise Wells First Name Middle Name Last Name		Case number (# known)		
	First Name Middle Name Last Name				
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8.	Unemployment compensation		\$	\$	
	Do not enter the amount if you contend that the amount under the Social Security Act. Instead, list it here:				
	For you	\$			
	For your spouse	·· \$			
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act.	nount received that was a	\$	\$	
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S as a victim of a war crime, a crime against humanity, or terrorism. If necessary, list other sources on a separate	Security Act or payments received international or domestic	d		
			\$	\$	
			\$	\$	
	Total amounts from separate pages, if any.		+\$	+\$	
			Promise and account of the co		
11.	Calculate your total current monthly income. Add lin column. Then add the total for Column A to the total for		\$ 2424.00	+ s	\$
					Total current monthly income
Pa	t 2: Determine Whether the Means Test Ap	oplies to You			monthly income
12.	Calculate your current monthly income for the year.	Follow these steps:		g um see	agent and proceedings of the control of the control
	12a. Copy your total current monthly income from line	11	c	Copy line 11 here 👈 💍 \$	29088.00
	Multiply by 12 (the number of months in a year).			x	12
	12b. The result is your annual income for this part of the	he form.		12b. \$	29088.00
13.	Calculate the median family income that applies to	you. Follow these steps:			
	Fill in the state in which you live.	Missouri			
	Fill in the number of people in your household.	2			
	Fill in the median family income for your state and size			13. \$	51,421.00
	To find a list of applicable median income amounts, go instructions for this form. This list may also be available	online using the link specified in at the bankruptcy clerk's office.	the separate		
14.	How do the lines compare?				
	14a. Line 12b is less than or equal to line 13. On the Go to Part 3.	e top of page 1, check box 1, The	ere is no presumpti	on of abuse.	
	14b. Line 12b is more than line 13. On the top of pa Go to Part 3 and fill out Form 122A–2.	ge 1, check box 2, The presump	tion of abuse is de	termined by Form 122A-2.	
Ра	t 3: Sign Below				
	By signing here, I declare under penalty of perju	ury that the information on this st	atement and in any	attachments is true and c	orrect.
	Cindy Denise Wells	assul x			
	Signature of Debtor 1	Sig	gnature of Debtor 2		
	Date 10 15/2019	Da	ite		
	MM / DD / YYYY		MM / DD / YYY	Υ	
	If you checked line 14a, do NOT fill out or fil	le Form 122A–2.			
	If you checked line 14b, fill out Form 122A-	2 and file it with this form.			

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			Py 00	00172
Fill in this inf	ormation to ide	ntify your case:		
Debtor 1 _	Cindy Denise First Name	Wells Middle Name	Last Name	
(Spouse, if filing)		Middle Name or the: Eastern District of M	Last Name IISSOUri	☐ Check if this is an amended filing
	Form 10		fa u la alivia	duals Eiling Under Chanter 7

Statement of intention for individuals Filing Under Chapter 1

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.				
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?		
	Creditor's name: Fox Grove Management	☐ Surrender the property.	☑ No		
	That is a second of the second	Retain the property and redeem it.	☐ Yes		
	Description of Renting Apartment from Fox Grove property Management	Retain the property and enter into a Reaffirmation Agreement.			
	2731 Ållen Ave. Apt. B Saint Louis, Mo 63104	Retain the property and [explain]:			
	Creditor's	☐ Surrender the property.	□ No		
	name:	Retain the property and redeem it.	Yes		
	Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.			
	securing debt.	Retain the property and [explain]:			
	Creditor's	☐ Surrender the property.			
	name:	Retain the property and redeem it.	☐ Yes		
	Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.			
	Scouring dest.	Retain the property and [explain]:	_		
	Creditor's	☐ Surrender the property.	□ No		
	name:	Retain the property and redeem it.	Yes		
	Description of property securing debt:	☐ Retain the property and enter into a Reaffirmation Agreement.			
		Retain the property and [explain]:			

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Debtor 1

Cindy	Denise	Wells
	0.00.1.00.	******

Last Name

Case number (#	known)	
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Part 2:

List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Fox Grove Management	□ No
Description of leased Apartment: 2 bedroom, 1.5 bath property:	
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	No.
Description of leased property:	☐ Yes
Lessor's name:	No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	No
Description of leased property:	☐ Yes
is supplemental and also also the supplementations of some and account of the responsibilities and also is a some of	and the second of the second o
ort 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my personal property that is subject to an unexpired lease.	intention about any property of my estate that secures a debt and any
0 Ch (40	
Signature of Debtor 1	gnature of Debtor 2
	ate
Under penalty of perjury, I declare that I have indicated my personal property that is subject to an unexpired lease. Cindy Denise Wells Signature of Debtor 1	ignature of Debtor 2

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

In the DEBTOR NAME, Cindy Denise Wells Debtor(s).	Case No
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Verification of Creditor Matrix

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of page(s) and is true, correct and complete.

Joint Debtor

Dated: 10/16/19

Laboratory Corporation of America Holdings

PO Box 2240 Burlington, North Carolina 27216-2240

Lindenwood Unversity

Office of Financial Aid 209 South Kingshighway St. Charles, MO 63301

Neighbors Credit Union

6330 South Lindbergh St. Louis, MO 63123

North Western Mutual

720 East Wisonsin Avenue Milwaukee, WI 53202-4797

NPRTO Mid-West LLC

256 W Data Drive Draper, UT 84020

Our Urgent Care Billing

P.O. Box 874248 Kansas City, MO 64187-4248

PayPal

2211 North First Street San Jose, CA 95131

PNC Bank

PO Box 747066 Pittsburgh, PA 15274

PNC Bank

PO Box 8807 Dayton, OH 45401

Powderly Law Firm, LLC

11965 St. Charles Rock Road St. Louis, MO 63044

Purchasing Power

1349 W Peachtree St NW #1100 Atlanta, GA 30309

Quest Diagnostics

P.O. Box 740780 Cincinnati, OH 45274-0780

Rent A Center Inc.

3405 Gravois Ave St. Louis, MO 63118

Sprint

PO Box 4191 Carol Stream, IL 60197

St. Ann Municipal Court 10405 St. Charles Rock Road St. Ann, Missouri 63074

St. Louis Dermatology Center 8888 Ladue Road Suite 210 St. Louis, MO 63124

Synchrony Bank

PO Box 965052 Orlando, FL 32896-5052

Traffic Law Center

Sullivan & Associates 1610 Des Peres Rd., Suite 330 St. Louis, MO 63131

University of Missouri Saint Louis

8001 Natural Bridge Rd St. Louis, MO 63121-4400

US Bank

P.O. Box 1800 Saint Paul, Minnesota 55101-0800

Walden University

Burar's Office 7065 Samuel Morse Dr. Columbia, MD 21046

Washington University Physicians

660 South Euclid Ave Campus Box 8239 St. Louis, MO 63110

West Creek Financial PO Box 5518 Glen Allen, VA 23058